





\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Complaints/grievances must be investigated, and a reply provided within five (5) business days of receipt.

\_\_\_\_\_ Referred to school administrator/director to investigate                      Date \_\_\_\_\_

\_\_\_\_\_ Investigated by Superintendent    Date \_\_\_\_\_

1. Summary of investigative findings (continue on back if needed):

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2. Identified solution (continue on back if needed).                      Implementation date \_\_\_\_\_

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3. Complainant notification of investigation results and identified solution. Check all that apply.

\_\_\_\_\_ Phone call                      Date \_\_\_\_\_  
\_\_\_\_\_ In person meeting                      Date \_\_\_\_\_  
\_\_\_\_\_ Email                      Date \_\_\_\_\_  
\_\_\_\_\_ Letter mailed                      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of investigating school administrator    Date

NOTE: All finalized documentation must be submitted to Superintendent's office for final filing.

