

**Todd County School District Policy: GBK-E**

**TODD COUNTY SCHOOL DISTRICT  
COMPLAINT FORM "A"**

Name, Address and Phone Number of Person Making the Complaint:

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Date of the Complaint: \_\_\_\_\_

Name of Person(s) Being Complained Against:

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Position of Person(s) Being Complained Against:

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Date of Action Causing Complaint:

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Complaint (Attach another sheet if necessary):

Supportive Evidence or Witnesses (Attach another sheet if necessary):

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Signature of Person Making Complaint

**TODD COUNTY SCHOOL DISTRICT  
COMPLAINT FORM "B"**

Date Received the Complaint: \_\_\_\_\_

I have been informed of the complaint, have been given an opportunity to respond.

Signature \_\_\_\_\_

Response to Complaint (Attach another sheet if necessary):

Supportive Evidence or Witnesses (Attach another sheet if necessary):

Recommendation:

\_\_\_\_\_ I recommend no record or further action.

\_\_\_\_\_ I recommend a record be kept but no further action be taken regarding this complaint.

\_\_\_\_\_ I recommend the following action be taken: (Attach response)

Signature of Administrator/Supervisor \_\_\_\_\_

Adopted: July 25, 2016