



LAWRENCE PUBLIC SCHOOLS COMPLAINT FORM

(Confidential)

Reference BOE Policy: KN

Person Making Complaint

Date of Report:

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Address:	<input type="text"/>			Phone Number:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Reported to:	<input type="text"/>			Cell Phone No.:	<input type="text"/>
				Position:	<input type="text"/>

Is the nature of the complaint about:

- Sexual harassment
 Facilities and services
 Instructional materials
 Personnel
 Curriculum
 Discrimination on the basis of

Please describe the situation and include information about:

Who were the persons engaging in the conduct and the nature of the conduct?

When did it occur?

Where did it occur?

What effect did the incident have on you?

Were there any witnesses to this incident? Yes No

If yes, indicate who the witnesses were:

I certify that the information supplied on this form is accurate.

Please initial if you agree

You may print a copy of the completed form for your records. After you have completed filling out the form, click on the "Submit by Email" button in the upper right hand corner and the file will be submitted directly to the Human Resources Department.

COMPLAINT FORM
This Section for Office Use Only

Person Making Complaint

Date of Report:

Last Name: First Name: Middle Initial:

Address: Phone Number:

City: State: Zip Code: Cell Phone No.:

Date of Action:

Date of Follow-up: