

LAWRENCE PUBLIC SCHOOLS COMPLAINT FORM

(Confidential)

Reference BOE Policy: KN

Person Making Complaint

Date of Report:

Last Name: First Name: Middle Initial:

Address: Phone Number:

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

Reported to: Position:

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:

Signature of Complainant

Signature of Person Taking Report

Date Complainant Signed

Date Person Taking Report Signed

For Human Resources Use Only

HR Office Report Received by: Date Complaint Received:

Please submit completed form (pages 1 and 2) to USD 497, Human Resources Department
110 McDonald Drive, Lawrence, KS 66044-1063; Phone 785-832-5000

Board policy provides that complaints be resolved at the lowest level possible. Complaints will be directed to the appropriate administrative level for investigation and resolution.

COMPLAINT FORM
This Section for Office Use Only

Please forward this page to the HR office along with page 1 which you have completed and signed.

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:

Please submit completed form (pages 1 and 2) to USD 497, Human Resources Department
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