COMPLAINT AGAINST A DISTRICT EMPLOYEE

To: Dr. Pe	eter Fin	ch, Sup	perintendent		Date:		
Name of emp	loyee(s	s) agair	ist whom complaint i	is made:			
					use additional sheet if needed		
Employee? Principal? Supervisor?	Yes	No No No	Name: Name: Name:		Date:		
		s):					
 inform A copy this control to this If a here 	chool D nation i y of thi omplair s compl earing i	istrict s avail s comp nt is be aint ar s held o	may request further able, I shall present laint will be given by ing made, and he/sh id that I will receive on this complaint, it	it upon request. y the School Dis he will be given from the Schoo will be held in a	out this complaint, and if such trict to the employee against w the opportunity to respond in w l District a copy of such respons executive session with press and place such hearing will be held.	vriting se. d public	
				·	Telephone #:		
Signature of (Compla	inant:					