

**DODGELAND SCHOOL DISTRICT
Board Policy Manual**

872 - Exhibit

PUBLIC COMPLAINT FORM

Complainant's Name: _____

Complainant's Address: _____
(Street)

(City) (State) (Zip)

Complainant's Phone: (_____) _____
(Area Code) (Phone)

Does your complaint involve a minor child? Yes No

If yes, please provide the following: Student Name: _____

Student Grade: _____

Does your complaint involve a Dodgeland School District Employee? Yes No

If yes, please provide the name of the employee: _____

Please provide a detailed description of the nature of your complaint. Use additional pages if necessary. _____

Please sign and date this form and submit it to the appropriate building administrator.

(Signature)

(Date)