

Regulation

COMMUNITY RELATIONS

1017.2

COMPLAINT FORM

Complaint initiated by: _____

Date: _____ Phone Number: _____

Address: _____

Person(s) Involved: _____

Employee Involved: _____

Nature of Complaint: _____

Reviewed by District Supervisor and Employee

Date: _____

Date: _____

District Supervisor

Employee

Waterville Central School District
Adopted: 11/12/96
Revised: 01/11/2000