

FAIRFIELD CITY SCHOOL DISTRICT
COMPLAINT REGARDING SCHOOL PERSONNEL

Procedure:

Please complete fully and submit to the building principal or immediate supervisor of the employee of concern. (A completed form is to be submitted to the District Office only if one has previously been submitted to the building principal or immediate supervisor.)

Name of Concerned Parent/Citizen: _____

Address: _____

Home Phone: _____

Work Phone: _____

1. Specific nature of the complaint and a brief statement of the facts giving rise to it. Include names, dates and times as appropriate.
2. Manner in which I (or my child) have been adversely affected:
3. Remedy sought:
4. I have previously filed a Fairfield City Schools Complaint Form in compliance with this procedure about this staff member:

_____ Yes, on _____. A copy of said form is attached.
(date)

____ No

5. I have previously filed a Fairfield City Schools Complaint Form regarding this same subject matter, but about a different staff member:

Yes, on _____ A copy of said form is attached.
(date)

____ No

Signed: _____ Date: _____

Received on: _____
(date)

By: _____
Title: _____

Description of Follow-Up:

Disposition:

Signed: _____ Date: _____

Title: _____