

**Complaint Concerning Staff or Programs**

TO: Superintendent  
Riverview School District No. 407  
15510 – 1<sup>st</sup> Ave. NE, PO Box 519  
Duvall, WA 98019

FROM: NAME(S)  
ADDRESS(ES)  
TELEPHONE NO.

Name of person(s) against whom complaint is made:

Name of program against which complaint is made:

NATURE OF COMPLAINT: This should be a description, in your own words, of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint.

(You may use additional pages to describe your complaint more fully if you so desire.)

Has the complaint been discussed with the employee named in the complaint, his/her school principal, or his/her supervisor?

To whom have you spoken? Name(s)

When? Dates(s)

What was the result of the discussion(s)?

I (we) also understand that the District may request from me (us) further information about this complaint, and if such information is available, I (we) shall present it upon request.

I (we) also understand that a copy of this complaint will be given by the District to the person(s) against whom this complaint is being made, and s/he (they) will be given the opportunity to respond in writing to this complaint and that I (we) will receive a copy of such response from the District.

I (we) also understand that if a hearing is held on this complaint by the District or a committee thereof, such hearing will be held in Executive Session, with press and public excluded, and that I (we) will be informed of the time, date, and place such hearing will be held.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_, at \_\_\_\_\_, WA.

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Printed Name

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Signature