

SCHOOL DISTRICT OF OKALOOSA COUNTY
Human Resources Department
FORMAL COMPLAINT FORM

Your Name: _____ Date: _____

Phone Number: _____

Status: ___ Employee ___ Parent ___ Student ___ Other (Specify) _____

Department/School: _____

Home Address: _____

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail (attach additional sheet if necessary):

If there are others who have witnessed the incident, please provide their information below:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____

Phone #: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Is this the first time you have raised this concern about this person?

____ Yes ____ No

Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

Signature: _____

Print Name: _____

Date: _____

FOR DISTRICT USE ONLY

Complaint received by: _____ Date received: _____

Please provide a duplicate copy to the complainant.