

**COMPLAINT
NO. 500.2R1**

FORM

Exhibit B

BURLINGTON COMMUNITY SCHOOL DISTRICT

Date Filed: _____

Name of Complainant: _____

Telephone Number: _____

Address: _____

E-mail address: _____

Statement of Complaint (include specific statement of incident(s), dates, persons involved, witnesses, and any other pertinent facts):

Remedy Sought:

Date you held informal meeting with employee involved:

	_____ Signature of Complainant	_____ Date
Date	Received	by
		District
		employee:

Response by employee:

_____ Signature of Employee	_____ Date
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I wish to have this reconsidered by the employee's supervisor.

_____ Signature of Complainant	_____ Date
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Date Received by Supervisor

Date of Conference with Supervisor

Response by Supervisor:

_____ Signature of Supervisor	_____ Date
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I wish to have this reconsidered by the Superintendent or his/her designee.

_____ Signature of Complainant	_____ Date
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Date Filed with Superintendent

Date of Conference with Superintendent

Response by Superintendent:

Signature of Superintendent Date

I wish to have this matter placed on the Board agenda:

Signature of Complainant Date

Dated Received by Board Secretary:

Placed on Board Agenda for: _____

Date Time

If this is a complaint regarding an employee:

Date Employee Notified of Board meeting:

Open Session: _____

Closed Session: _____

Form Revised: 12/09/13

Reviewed: 07/18/16
11/15/21