



Crook County School District

Where Students Dream, Learn, & Succeed

Code:
Adopted:
Updated:

KL-AR(2)
04/14/03
02/22/10

**CROOK COUNTY SCHOOL DISTRICT
COMPLAINT FORM**

Person Making Complaint: _____

Address: _____

Telephone Number: _____

Complaint is about (circle one):

- a. Individual classroom operations and procedures
- b. Athletics
- c. Individual school operations, procedures or programs
- e. Special education or talented and gifted programs
- f. Employment practices or employee conduct
- g. Safety, insurance, facilities, maintenance, student transportation, food service or business practice.
- h. Criminal acts or state and federal standards

Description of Complaint:

Remedy Sought:

Signature

Date

Written response will be provided within 30 working/school days of receipt of this form.