

Oakridge School District

Complaint Form Today's Date: _____

Reported to: District Office _____ (Name of School)

Person Making Complaint: _____ Phone: _____

Person complaint is regarding: _____ School: _____

Date of Incident(s): _____ Time: _____ Location of Incident(s): _____

Witness(es) to Incident(s): _____

What occurred?:

Complainant's Desired Outcomes from Complaint Procedure:

Complainant's Signature

Complainant's Signature