

SCHOOL DISTRICT OF GILMANTON COMPLAINT FORM

Name _____

Address _____

Telephone Number _____

Complaint Basis _____
(Protected Status)

Description of action(s) which is alleged as being inappropriate. (Please provide dates, names, or titles whenever possible.)

Signature of Complainant _____

Date _____

Please submit within 30 working days to: School District of Gilmanton, Kory Rud, Principal, PO Box 28, Gilmanton, WI 54743.

Extensions may be granted contingent upon agreement of both parties.