

**PUBLIC COMPLAINTS**  
*(Complaint or Concern to the Board)*

Complaint or Concern Initiated by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Complainant Represents:     Himself/Herself     Student     Organization (specify):

What is your complaint? Use full names, dates and exact occurrences, if appropriate. Attach additional pages if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the levels of school administrative units with whom you have discussed this complaint:

Teacher/Staff Member     Principal     Department Director     Superintendent/Designee

Other (specify): \_\_\_\_\_

What response have you received from these different administrative levels? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action would you like the Board to take? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Board reserves the right to defer and redirect complaints that have not been investigated to the appropriate administrative level(s).

\* \* \* \* \*

**Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.**

FILE: KL-AF  
Critical

Implemented: January 16, 2013

Revised:

Boonville R-I School District  
736 Main Street  
Boonville, MO 65233