MIAMISBURG CITY SCHOOLS
PUBLIC COMPLAINT ABOUT SCHOOL PERSONNEL

I, _____________________________________, submit this completed form to the building principal or the immediate supervisor of the person in question. (Assistant Superintendent or Business Manager, if a repeat concern.)

NAME OF ACCUSED SCHOOL EMPLOYEE: _____________________________________

______________________________  (Building)

NAME OF COMPLAINANT (PARENT):  _____________________________________

Address:  _____________________________________  

______________________________  (Street)  

______________________________  (City)  __________________  (Zip)

Home Phone: ____________________________  Work Phone: ____________________________

1. Specific nature of complaint and a brief statement of the facts giving rise to it. (Include dates(s), as appropriate):

2. Manner in which I (or my child) have been adversely affected:

3. Remedy sought:
4. I have previously filed a Miamisburg City Schools Complaint Form in compliance with this procedure about this staff member on ___________________. I have also filed a Complaint Form regarding this same subject matter, but about a different staff member, on ___________________. (Copy of said Form is attached.)

Signed: ___________________________________________ Date: ____________________

Date received by principal/supervisor: ____________________
Date copy of complaint given to employee: ____________________
Date of follow-up meeting: ____________________

Individuals present at the meeting:

__________________________________________  ____________________________________________
__________________________________________  ____________________________________________
__________________________________________  ____________________________________________
__________________________________________  ____________________________________________

Disposition: ______________________________________ _____________________________
___________________________________________________ __________________________
___________________________________________________ __________________________
___________________________________________________ __________________________
___________________________________________________ __________________________

(Signature of Principal/Supervisor) (Date)

(A copy of this Form will be given to all appropriate employees.)

__________________________________________  ________________________________
(Signature of Employee) (Date Received)