

Cheektowaga Central School District

FORMAL COMPLAINT FORM

Name and Position of Complainant _____

Date Complaint Filed _____

Complaint Against _____

Description of the Complaint:

Name of alleged victim _____
<u>Student Information if applicable:</u>
DOB _____ School _____ Gr. _____

(Use additional sheets to provide additional information if necessary.)

Date/Place of Alleged Incident: _____

Names of Witnesses (if applicable): _____

Describe the Outcome and/or Resolution of the Incident: _____

Remedy Sought by Complainant _____

Date

Signature of Complainant

Cheektowaga Central School District

FORMAL COMPLAINT FORM (Cont'd.)

(To be completed by various District Personnel)

Decision of Complaint Officer and Action Taken:

_____ Date

_____ Signature of Complaint Officer

Submitted to Superintendent _____ (Date)

Submitted to Building Principal _____ (Date)

Cheektowaga Central School District
FORMAL COMPLAINT FORM (Cont'd.)

APPEAL FORM

Name and Position of Complainant _____

Date Original Complaint Filed _____ Date Appeal Filed _____

Complaint Against _____

Name of alleged victim _____
<u>Student Information if applicable:</u>
DOB _____ School _____ Gr. _____

Have There Been Any Prior Appeals Filed Related to this Complaint? _____

If Yes, When and to Whom? _____

Describe the Decision Being Appealed and Why _____

(TO BE COMPLETED BY VARIOUS DISTRICT PERSONNEL)

Decision of Complaint Officer and Action Taken _____

(If Applicable) Action Taken by Superintendent _____

(If Applicable) Action by the Board _____

Other Comments _____

Signature of Complaint Officer

Signature of Superintendent