



Code: **KL-AR**

Date: 11/8/18

Public Complaint Form

Formal complaints shall be submitted to the District Office, Attn: Kelly Douglas; douglask@wlwv.k12.or.us; 22210 SW Stafford Road, Tualatin OR, 97062

To be completed by the Complainant:

Name: _____

Please identify yourself as a: Parent/guardian Student
 Other: _____

Contact information:

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Please describe your complaint in detail, including all applicable dates, location and persons involved: (Attach additional pages and documents if necessary.)

Suggested Correction or Resolution: _____

Please list the district staff with whom you have already discussed your complaint:

Teacher/employee Principal District Office Administrator Superintendent

Sign and date below:

Signature _____ Date _____

FOR OFFICE USE ONLY

Complaint received by:

Date:

Referred to: