

1 **Board Policies**
2 **Series: 500**
3 **Section: 520**
4 **Policy #: 523.1**
5

Blair-Taylor School District
PERSONNEL
GENERAL PERSONNEL POLICIES
STAFF COMPLAINTS/GRIEVANCES

6 -----
7
8 **COMPLAINT FORM**
9

10 Name of Complainant: _____

11
12 Position of Complainant: _____

13
14 Date of Complaint:
15 _____

16
17 Date and Place of Incident or Incidents:
18 _____

19
20 Description of Complaint: _____

21
22 Name of Witnesses: _____

23
24 Any other information: _____

25
26 I agree that all the information on this form is accurate and true to the best of my knowledge and
27 understand that making false accusations will lead to disciplinary actions.

28
29 Signature: _____

30
31 Date: _____

32
33 Cross Reference: Policy 447 Student Complaints
34 Policy 523 Staff Complaints/Grievances
35

36 -----
37
38 **LEGAL REFERENCE: S. 120.13 Wis. Stats., Teacher Master Agreement**

39
40 **First Reading: 10/7/91**

Adopted: 10/21/91
Amended: 11/17/97
Reviewed: 11/04/98
Reviewed: 01-18-10

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42
43
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45 **Clerk:** _____

