

COMPLAINT REGISTRATION FORM

(To be completed by Complainant)

Date _____

To be filed with:

Human Resources, Recruitment & Professional Development
School Board of Highlands County
426 School Street
Sebring, Florida 33870
(863) 471-5734

1. Complainant's name _____

2. Mailing address _____

3. Telephone _____

4. Status/Position (check one)

Student _____ Parent _____ Employee _____ Applicant _____

5. If student, name of parent(s) or guardian _____

6. School or department _____ Grade (if applicable) _____

7. Nature of problem _____

8. Relief sought _____

9. Date(s) of alleged act _____ Time(s) _____

10. Person(s) involved _____

11. Complainant's efforts to solve the problem: _____

Results: _____

Date Received

Complainant's Signature

Signature of person receiving complaint

White: Director of Human Resources
Yellow: Superintendent (or designee)

Parent's Signature for student under age 18

Pink: Respondent
Gold: Complainant