



# COMPLAINT REPORTING FORM

Form #9130 (Rev 09NOV2011)

Your Name (Person Making the Complaint):

Your Mailing Address:

Phone Numbers:

Day Time: \_\_\_\_\_

Other: \_\_\_\_\_

Does Your Complaint Involve a School District Employee (s):  
**[ ] Yes\* [ ] No**

If Yes\*, Please provide the Employee's Name:

When Did the Happen (Please Provide Day & Date)?

Where Did the Complaint Occur (if applicable):

Did you Report Your Concerns to Any Other School District Employee?

If Yes\*, Who Did You Report It To?

**[ ] Yes\* [ ] No**

Please describe your complaint as clearly as possible. Be sure to include as much information as possible to assist the District in resolving your complaint. (Attach additional pages if necessary.)

What action do you believe the school district should take?

Please list any witnesses if applicable:

My Signature attests that the foregoing information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: This form should be filed with the Office of Human Resources, 5775 Osceola Trail, Naples, FL 34109.*

The School District of Collier County does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

**View the District Complaint Policy 9130**