



Keystone Local Schools Complaint Form

To be filed with: Keystone Local School District Building Administrator or Supervisor

To be completed by the Complainant:

Name: _____

Please identify yourself as a: Parent/guardian Student

District employee, Title/position: _____

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 or use the back side of this sheet.)

Suggested Correction or Resolution: _____

Sign and date below:

Signature _____

Date _____

FOR OFFICE USE ONLY

Complaint received by:

Name and title:

Date:

Referred to: