

Bainville Schools Box 177, Bainville, MT 59212 (406) 769-2321

Complaint Procedure Form

Person filing complaint: _____

Date(s) of incident: _____

Statement of incident:

Action requested or relief sought:

Signature: _____ Date: _____

Level 1 (School District Employee)

Person(s) hearing complaint: _____
(Name, title, or position)

Decision/Comments:

Signature: _____ Date: _____

Complainant's response:

I appeal do not appeal this matter to the building principal.

Signature: _____ Date: _____

Level 2 (Building Principal)

Person(s) hearing complaint: _____
(Name, title, or position)

Decision/Comments:

Signature: _____ Date: _____

Complainant's response:

I appeal do not appeal this matter to the Superintendent.

Signature: _____ Date: _____

Level 3 (Superintendent)

Person(s) hearing complaint: _____
(Name, title, or position)

Decision/Comments:

Signature: _____ Date: _____

Complainant's response:

I appeal do not appeal this matter to the Board of Trustees.

Signature: _____ Date: _____