

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 of 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: \_\_\_\_\_

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**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: \_\_\_\_\_