



Lake Pend Oreille School District #84

Administration Office • 901 N. Triangle Drive • Ponderay, Idaho 83852

Phone: 208/263-2184 • Fax: 208/263-5053

Web: www.lposd.org

PATRON COMPLAINT FORM

To: Superintendent or Designee

From: Name(s): _____

Address(es): _____

Telephone Number(s): () _____; () _____

Name of employee or issue of the complaint: _____

Nature of the complaint (this should be a description in your own words of the grounds, including all names, issues, dates and places necessary for a complete understanding of your complaint): _____

Provide evidence that you have attempted to resolve this complaint at the lowest possible level, (i.e. calling the bus driver, meeting with the teacher, dates and brief summary of the discussion, etc.): _____

Provide evidence that you have attempted to resolve this complaint at the school or supervisory level (i.e. calling the Transportation Director, meeting with the principal, dates and brief summary of the discussions, etc.): _____

What remedy or results are you seeking? _____

Before this complaint can be addressed by the Superintendent or designee, the complainant must provide evidence that attempts have been made to resolve the complaint at the lower level(s). If these steps have not been taken, the complaint may be returned to the complainant.

I (We) understand that the School District may request from me (us) further information about this complaint, and if such information is available, I (we) shall present it upon request.

I (We) also understand that a copy of this complaint will be given by the School District to the person(s) against whom this complaint is being made, and he/she (they) will be given the opportunity to respond in writing to this complaint and that I (we) will receive a copy of such response.

I (We) also understand that if a hearing is held by the Board of Trustees due to an employee complaint, such hearing will be held in Executive Session with the press and public excluded, and that I (we) will be informed of the time, date and place such hearing will be held.

I (We) certify under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____, at _____, ID.

Signature(s): _____

(You may use additional pages of your own paper to describe your complaint more fully if you desire.)