

Sisters School District #6  
525 E. Cascade Ave.  
Sisters, OR 97759  
(541) 549-8521

**COMPLAINT FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Person Making Complaint: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested Correction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use: Disposition of Complaint: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: District Office