Suggestion, Complaint or Commendation Regarding an Employee, Program or Practice

The district is interested in suggestions, complaints and commendations involving employees, programs or facilities. When such is registered, we are interested in investigating the incident to see if there has been a misunderstanding or if some corrective action should be taken to improve the district. Commendations are of value to the district because they improve morale and encourage district employees to take pride in their work and do more than is ordinarily expected of them.

As both complaints and commendations are of value to the district, we welcome comments and request you fill in the information requested below.

Name of Employee/Program __________________________ Date of Suggestion, Complaint or Commendation __________________________

Nature of Suggestion, Complaint or Commendation: __________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Source of your information: __________________________________________________________

________________________________________________________________________________________________________

Justification of your feelings: __________________________________________________________

________________________________________________________________________________________________________

Remedy sought: __________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

I have read the above but do not necessarily agree. Signature: __________________________ Date: ________

Employee: __________________________ Date: ________

Address: __________________________

Immediate Supervisor: __________________________ Phone: ________ Date: ________

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