

# MOSES LAKE SCHOOL DISTRICT

1620 S. PIONEER WAY • MOSES LAKE, WA 98837 • 509.766.2650 • MLSD161.ORG



## COMPLAINT FORM

Concerning Staff or Programs (Policy 4220)

|         |  |                |  |
|---------|--|----------------|--|
| Name    |  | Date           |  |
| Email   |  | Phone          |  |
| Address |  | City/State/Zip |  |

### I wish to register a complaint against:

Name of person, school, department, program, etc:

### Complaint Details:

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times, and places.



**Witnesses:**

*Please list anyone who can provide additional information regarding your complaint.*

| Name | Email | Phone |
|------|-------|-------|
|      |       |       |
|      |       |       |

**Proposed Solution:**

*Indicate your opinion on how this problem might be resolved. Please be as specific as possible.*

**I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.**

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Signature

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Date

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Submit the completed form to [mmusso@mlsd161.org](mailto:mmusso@mlsd161.org) or bring a hard copy to the Learning Services Center at 1620 S. Pioneer Way, Moses Lake. Please see [District Procedure 4220P](#) for information concerning the processing of complaints.