

Broken Arrow Public Schools

**NOTICE OF COMPLAINT  
REQUEST FOR RESOLUTION THROUGH ADMINISTRATIVE PROCESS**

Name of Building Principal/Appropriate Supervisor to Whom Complaint is Addressed: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ Job Assignment (if employee): \_\_\_\_\_

Job Site: \_\_\_\_\_

Name of Person Complained Against: \_\_\_\_\_ (if applicable)

Job Assignment: \_\_\_\_\_ (if applicable)

Date Complaint Filed: \_\_\_\_\_

**PLEASE BE SPECIFIC AND PROVIDE COMPLETE DETAILS IN STATING COMPLAINT**

- A. List School District Policy or Regulation Allegedly Violated: \_\_\_\_\_
- B. Date Violation Occurred: \_\_\_\_\_
- C. Locations at Which Violation Occurred: \_\_\_\_\_
- D. Witnesses to Violation (attach witness statements): \_\_\_\_\_
- E. Description of Violation (attach additional sheet for explanation if necessary): \_\_\_\_\_

Proposed Resolution:

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Note: If an employment complaint is directed against an immediate supervisor, the complainant may elect to make complaint directly to the Executive Director of Human Resources. Employment complaints on the basis of race, color, religion, national origin, sex, age, marital or veteran status or disability must be submitted directly to the Executive Director of Human Resources.