

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 56
Frankfort • Searsport • Stockton Springs

COMPLAINTS ABOUT EMPLOYEES/CONCERNS

Please complete the following form to make a formal complaint about an MSAD #56 employee/concerns and return the form to the Superintendent's Office. If the complaint is against the Superintendent, please send to the MSAD #56 Board Chairperson.

Date _____

Your name _____

Address _____

Phone: Home _____ Work _____ Cell _____

ISSUE OR COMPLAINT (I/C)

Employee's Name _____ Position _____

Date(s) of I/C _____ Building _____

Location of I/C _____ Time of I/C _____

Description of the issue or complaint. Please be as specific as possible. Include the names of any witnesses, as well as dates and times of the incident(s). Please feel free to use the back of the form to provide further information.

OFFICE USE ONLY

RECEIVED _____
DATE TIME

RECEIVED BY _____