

Eddyville Charter School
PO BOX 68
Eddyville, OR 97343-0068
541.875.2942

Staff Complaint Form: Policy GDM

Name of complainant: _____

Position of complainant: _____

Date of complainant: _____

Name of staff member for complaint: _____

Date(s) and place(s) of incident or incidents: _____

Description of misconduct: _____

Name of witnesses if any: _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____