EMPLOYEE COMPLAINT FORM

Lancaster School District

Name of individual(s) originating allegations:_____
_____

Name of individual(s) allegation initiated against:_____
_____

To whom were the allegations first reported and when?_____
_____
_____

Nature of the allegations:_____
_____
_____
_____
_____
_____
_____

Dates and Locations of Alleged Incidents:_____
_____
_____
_____
_____

What if anything has been done to date?_____
_____
_____
_____
_____

_____ _____
Complaintant Signature Date

Investigator Name:_____
(Please print name)

_____ _____
Investigator Signature Date

_____ _____
HRS Signature Date