



NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT

5825 NE Ray Circle
Hillsboro, OR 97214
Phone 503-614-1445

COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of person complaint is about: _____

Date and place of incident or incidents: _____

Description of misconduct: _____

Names of witnesses (if any): _____

Evidence of complaint, i.e., letter, photos, etc. (attach evidence if possible): _____

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: _____

White: Executive Director of Human Resources

Yellow: Program Supervisor