

Hillsborough City School District
Uniform Complaint Form

Date: _____ School Site: _____

Name of Employee: _____

Check as applies:

_____ Informal Complaint

_____ Formal Complaint

In the following space please state the complaint specifically. Please include the date and time of occurrence:

In your opinion, what action would remediate the problem?

Signed: _____ Name: _____
(Complainant)

Address: _____

Telephone: _____