

MONTICELLO COMMUNITY SCHOOL DISTRICT
711 South Maple Street
Monticello, Iowa 52310

Date Filed: _____

Person Filing Complaint: _____

For Office Use Only Report Date _____ (No more than 15 days)

1. Please describe the incident in detail:

2. What is your recommended action to take care of this complaint:

(Please use the other side if more space is needed)

Signed: _____

OFFICIAL USE ONLY
Resolution of Complaint or Action Taken:

Signed: _____
Principal/Department Head