

DOUGLAS COUNTY WEST COMMUNITY SCHOOLS  
COMMENT OR COMPLAINT FORM

Commenter: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Comment or Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supportive Evidence or Witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relief requested (what I want done in response to the above information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The undersigned states: I have a reasonable belief that the facts in this comment or complaint are true and accurate, and I give permission for an investigation to be made into this matter.

\_\_\_\_\_  
Signature Date

