

Exhibit

Code: 4300

Adams 12 Five Star Schools

**Employee/Authorized Volunteer Protection  
COMPLAINT FORM**

(See Superintendent Policy/Procedure Code: 4300)

(Alleged offenses of assault; disorderly conduct; harassment; theft or damage to personal property; knowingly false accusation(s) of child abuse; sexual harassment; sexual misconduct; or other violations of the Colorado Criminal Code.)

Employee/Authorized Volunteer \_\_\_\_\_

School/Building \_\_\_\_\_ Date \_\_\_\_\_

Date of Alleged Offense \_\_\_\_\_ Time of Alleged Offense \_\_\_\_\_

Site of Alleged Offense \_\_\_\_\_

Alleged Offender(s) \_\_\_\_\_

Witness(es) to Alleged Offense \_\_\_\_\_

Describe Alleged Offense in Detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving Principal/DST Member Signature

\_\_\_\_\_  
Date Received

**White:** Assistant Superintendent for Human Resources

Director Safe and Secure Environments

**Yellow:** Building Principal/Director/Executive Director

**Pink:** Complainant

Rev. 01/2009