

Exhibit
District Policy: 4300

Adams 12 Five Star Schools
Employee/Authorized Volunteer Protection
COMPLAINT FORM
(See District Policy 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: Chief Human Resources Officer
Security Services Manager
- Yellow: Building Principal/Director/Executive Director
- Pink: Complainant