

COMPLAINT FORM
See Board Policy 9130
www.besc.k12.in.us

Bartholomew Consolidated School Corporation
1200 Central Avenue
Columbus, IN 47201
(812) 376-4234

It is the policy of the Bartholomew Consolidated School Corporation to provide excellence in education through fair and courteous treatment of all people.

TO: Superintendent or Designee
FROM: Name: _____
Address: _____
Phone: (Day) _____ (Evening) _____

DATE/TIME OF INCIDENT: _____

LOCATION: _____

PERSON(S) INVOLVED: _____

WITNESS(ES): _____

PLEASE DESCRIBE IN YOUR OWN WORDS YOUR COMPLAINT: _____

HOW WOULD YOU LIKE THIS TO BE RESOLVED? _____

I affirm the above statement is true and accurate to the best of my knowledge.

Signature Date

You will receive confirmation that this complaint has been received by the Office of the Superintendent, or designee, within 5 days.