MANHATTAN-OGDEN USD 383
Manhattan, Kansas

COMPLAINT FORM

Person filing complaint (please print): _____

Address: _____

Phone: _____

Have you discussed this complaint with school or district staff and/or administration? ____Yes ____No

If yes, who and when: _____

Briefly describe complaint or alleged violation, including date(s) and location:

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Signed Date

_____ _____
Received By Date

Form KN-1 rev. 1-11