CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES

509 East Main Street - Canton, PA 17724 Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES

545 East Main Street - Canton, PA 17724 Ph: (570) 673-3983 Fax: (570) 673-4652



CANTON AREA ELEMENTARY SCHOOL

545 East Main Street, Canton, PA 17724 Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL

509 East Main Street, Canton, PA 17724 Ph: (570) 673-5134 Fax: (570) 673-5566

FORMAL COMPLAINT FORM

1.	Name of Person Filing the Complaint:			
	Address:			
	Phone:			
	Best Time to Contact:			
2.	Information about the incident:			
	Name of staff member:			
	Nature of Incident:			
	Date of Incident:			
	Time the Incident Occurred:			
	Location of the Incident:			
3. Witnesses - list the individual who saw the incident or may have information about it:				
	Name:	□ Student	□ Staff	□ Other
	Name:			□ Other
	Name:			□ Other
4.	Describe the details of the incident. You must include the names of the people involved, what occurred, and what			
	each person did and said. If necessary, please	e attach addit	ional page	S.
5.	Signature of the Individual Filing this Complaint: Date:			
	***I understand making a complaint against any employee of CASD is a serious allegation. My signature on the line above certifies that the nature of the incident is true, correct to the best of my knowledge and understand there may be consequences for making a false report.			
6	Form Given To	Posi	tion [.]	Date:

INCIDENT INVESTIGATION – For Administration Use Only 1. Investigator(s): ______ Position: _____ 2. Interviews: Name: Date: ☐ Interviewed Reporter ☐ Interviewed Witnesses Name: _____ Date: _____ Name: _____ Date: _____ Name: _____ Date: _____ □ Interviewed Staff 3. Any prior documented incidents of the same nature? ☐ Yes ☐ No If yes, have incidents previously been substantiated? ☐ Yes ☐ No Any previous disciplinary action taken? ☐ Yes ☐ No If yes, explain: Summary of Investigation (Attach additional pages/documentation if necessary): **CONCLUSIONS FROM INVESTIGATION** 1. Incident substantiated: ☐ Yes □ No 2. Action Taken: Written Reprimand ☐ None □ Verbal Warning ☐ Other: _____ 3. Staff Member Signature:_____ Date:_____ Date:_____ ***I understand that my signature verifies receipt and knowledge of this complaint not agreement with the complaint, investigation, or outcome. Follow-up: ☐ Phone Call to Complainant: Completed Date: _____ ☐ Meeting with Complainant: Completed Date: _____ Report Forwarded to Superintendent's Office: Name/Title: Signature: _____ Date: _____