



**MARSHALL PUBLIC SCHOOLS
FORMAL COMPLAINT AGAINST PERSONNEL**

Date: _____

Internal Tracking Number: _____

COMPLAINANT

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

WITNESS(S)

Witness #1

Witness #2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship to

Relationship to

Complainant: _____

Complainant: _____

NOTE: Additional witnesses if any should be listed on a separate sheet of paper and attached to this form. The information requested above, should be included for each additional witness.

DETAILS OF INCIDENT

If additional space is required to complete the details of this incident, continue on a separate sheet of paper and attach to this form.

STATEMENT

I hereby acknowledge by my signature that I am fully aware that my accusation will result in an investigation of this incident, and may result in a hearing before a hearing officer and/or legal counsel of the School District. I am aware that I may be called upon to appear before the hearing officer/committee. I am also aware that if this investigation results in criminal charges

Completed form to be returned to Superintendent of Schools



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being filed against the District and/or staff, that I will be called upon to appear in Court as required by proper authority.

My signature further acknowledges that I understand that once this document is submitted, that it could be used as evidence in a libel complaint against me by the accused District staff or personnel, if the information which I have provided is false and damaging to the staff and/or School District.

Further, I acknowledge that pursuant to section MSS 609.505 **Falsely Reporting Crime**, whoever informs a law enforcement officer that a crime has been committed, knowing that it is false and intending that the officer shall act in reliance upon it, is guilty of a misdemeanor. A person who is convicted a second or subsequent time under this section is guilty of a gross misdemeanor.

Understanding all of the above, I hereby swear and affirm that the information I have provided is true and accurate to the best of my knowledge.

Signed by Complainant: * _____
Date: _____

**Electronic signatures will be accepted.*

Notary Public

Subscribed and sworn to by:

_____, a Notary Public,

On the _____ day of _____, _____

Notary Signature _____

Place Notary Seal at bottom

INTERNAL USE ONLY	
Date Rec'd _____	Rec'd By _____
Investigator Assigned _____	
Date Assigned _____	
Date Completed _____	