

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT

**Policy 1400
Level B**

**SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT
(To Be Completed by Principal or Supervisor)**

Decision of Principal or Supervisor and Action Taken:

Signature of Principal/Supervisor

Date

Date Forwarded to Complainant: _____

Date Forwarded to Employee: _____

Date Forwarded to Superintendent: _____

This form will be mailed to complainant within 14 days of receipt of complaint

copy:

Employee
Superintendent