

COMPLAINT of Violations of the Code of Ethics of:

South Dakota Professional Administrators Practices and Standards Commission

ATTN: Paul Bachand

P O Box 1174

Pierre SD 57501

COMPLAINANT INFORMATION (Person filing the complaint)		
Last Name:	First Name:	Mi.
If complainant is with a school district, state name of district and position at district.		
Street Address:		
City:	State	Zip:
Phone numbers-	Home/Cell:	

RESPONDENT INFORMATION (Administrator the complaint is against)		
Last Name:	First Name:	Mi.
Street Address:		
City:	State:	Zip:
Position:		

School where administrator currently or most recently employed.		
School District		
Street Address:		
City:	State:	Zip:

DETAILS OF COMPLAINT:
1. List the specific section or sections of the Code of Professional Ethics for Administrators that you allege the administrator violated and a summary of the facts to support your allegations. (In the space below and/or attach additional sheets)

Complaint continued

2. If applicable list how you have attempted to resolve the complaint with the local school/district.

3. Attach relevant documents that support your allegations. And if applicable, document any attempts to resolve the complaint at the local school/ district level.

Complainant (Attorney for Complainant)

DATE