**COMPLAINT of Violations of the Code of Ethics of:**

South Dakota Professional Administrators Practices and Standards Commission

ATTN: Legal

800 Governors Drive

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- Optional | 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