**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

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| **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: |

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

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| **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