

**Suggestion, Complaint or Commendation  
Regarding an Employee, Program or Practices  
Nenana City School District**

P.O. Box 10  
2<sup>nd</sup> and C Streets  
Nenana AK 99760

The District is interested in receiving suggestions, complaints and commendations involving employees or programs.

Name of Employee/Program	Date of Suggestion, Complaint or Commendation
Nature of suggestion, complaint or commendation: (Please attach additional pages as needed)	
Source of your information:	
If a complaint, remedy sought:	
Signed:	Date:
Address:	Telephone:

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**-For Office Use Only-**

I have read the above, but do not necessarily agree.	
Employee Signature:	Date:
Supervisor Signature:	Date:

Disposition of Complaint:	
Date:	Signature: