

LEA Name:

LEA Responsible Individual Name:

LEA Responsible Individual Contact Info:

Hotline Reference Number (USBE: H#####):

Date Hotline Referral Received by LEA:

Date LEA Response is Due to USBE:

Complainant Name:

Complainant Contact Information:

Complainant First Contact Date:

Contact Method (*circle one*): Email      Phone      Other

Complainant Additional Contact Date(s):

Contact Method (*circle one*): Email      Phone      Other

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Code/Rule/Policy Reference and Summary:

Allegation Summary (*i.e. deviation from code/rule/policy*):

Investigation Reference Documentation (*if applicable*):

Investigation Conclusion (*circle one*):

Allegation Substantiated

Partially Substantiated

Unsubstantiated

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*Repeat lower section for additional complaints, if necessary.*