

Administrative Regulation

BERRYESSA UNION SCHOOL DISTRICT

Complaint Form

Complainant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Person(s) Complaint Filed Against \_\_\_\_\_

School/Department \_\_\_\_\_

1. Date of incident(s) \_\_\_\_\_

2. Does your complaint involve harm to:

- a student or group of students?
- a parent/guardian or community member or group?
- a District employee or group of employees?

3. Nature of complaint: (Please include names of persons involved and dates and locations of specific incidents. You may attach additional pages if necessary.) \*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What corrective or remedial action are you seeking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you previously complained to the District about the same or similar incidents?

Yes  No If yes, when was your previous complaint made? \_\_\_\_\_

Who received your complaint? \_\_\_\_\_

How was your complaint resolved? \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\* This complaint form will be forwarded to a District Compliance Officer who will contact you. The District will tell the employee(s) involved that a complaint has been made. The information you provide will be kept confidential except as necessary to investigate your complaint.