Stockton Unified School District
Compliance Services
701 North Madison • Stockton, CA 95202
(209) 933-7100

Complaint Form

Stockton Unified School District

Last		First
Address		City
State	Zip	Email
Home Phone		Other Phone
Location and date of the event leading to the complaint		
Name of the person(s) you are complaining about		

Please check the box next to the area your complaint is about:

Programs

- ☐ Adult Basic Education
- ☐ Career Technical Education
- ☐ Child Care and Development Programs
- ☐ Child Nutrition Programs
- ☐ Pupil Fees
- ☐ Consolidated Categorical Aid Programs
- ☐ Migrant Education
- ☐ Other (Please Specify) _____

District Departments

- ☐ Business Services
- ☐ Community Relations
- ☐ Curriculum
- ☐ Education Services (K-12, Adult)
- ☐ Facilities Services
- ☐ Food Services
- ☐ Health Services
- ☐ Human Resources
- ☐ Information Services
- ☐ Parent/Community Empowerment
- ☐ Police
- ☐ Research
- ☐ Risk Management
- ☐ Special Education
- ☐ Student Services
- ☐ Transportation
- ☐ Other (Please Specify) _____

Discrimination (*If you believe it's discrimination, please check the type*)

- ☐ Race
- ☐ Age
- ☐ Gender
- ☐ Other (Please Specify) _____

Continue to the next page

Details of Complaint

Please answer the following questions to the best of your ability.
Attach additional sheets of paper if you need more space.

1. Please describe the type of incident(s) you experienced that led to this complaint:

2. List any witnesses and contact information if available:

3. What steps, if any, have you taken to resolve this issue before filing a complaint:

Signature of Complainant

Date

For Office Use Only

Received by:_____ Date Filed: _____

Title: _____ Location: _____

Case Number:_____ BP:_____ IC: _____