

## Stockton Unified School District COMPLIANCE SERVICES

E2 1312.3

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Approved: 10-28-13

701 North Madison • Stockton, CA 95202 (209) 933-7100

## **COMPLAINT FORM**

| Last  |                           | First  | First   |  |
|---|---------------------------|--|---|--|
| Address   |                           | City   | 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 the area your complaint is a your complaint is a your complaint is a your complaint in a your complain |                           | out:  □ Pupil Fees □ Consolidated Categorical Aid Programs □ Migrant Education |   |  |
| ☐ Child Nutrition Programs  |                           | Other (Please Specify)   |   |  |
| District Departments  |                           |  |   |  |
| ☐ Business Services   | ☐ Health Service          | es   | ☐ Risk Management   |  |
| ☐ Community Relations   | ☐ Human Resor             | urces  | ☐ Special Education   |  |
| ☐ Curriculum  | ☐ Information S           | Services   | ☐ Student Services  |  |
| ☐ Education Services (K-12, Adult)  | Parent/Comn<br>Empowermen | •  | <ul><li>□ Transportation</li><li>□ Other (Please Specify)</li></ul> |  |
| ☐ Facilities Services   | ☐ Police                  |  |   |  |
| ☐ Food Services   | Research                  |  |   |  |
| Discrimination (If you believe it's discrimination, please check the type)         □ Race       □ Gender         □ Age       □ 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 exper  | rienced that led to this complaint: |
|---|-------------------------------------|
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
| 2. List any witnesses and contact information if ava  | ailable:                            |
|   |                                     |
|   |                                     |
| 3. What steps, if any, have you taken to resolve this | s issue before filing a complaint:  |
|   |                                     |
|   |                                     |
|   |                                     |
| Signature of Complainant                              | Date                                |
|   |                                     |
| For Of  | ffice Use Only                      |
| Received by:  | Date Filed:                         |
| Title:  | Location:                           |
| Case Number:  |                                     |