

West Sonoma County Union High School District

UNIFORM COMPLAINT POLICY COMPLAINT FORM

Your Name: _____

Address: _____ Telephone: _____

Your status: _____ Employee School/Department _____

 _____ Student School _____

 _____ Parent/Guardian

 _____ Other _____

Description of Incident:

Incident occurred: Date _____ Time _____ Location _____

State what happened to cause the complaint. Be specific. (Attach additional pages as needed) _____

Were there any witnesses? Yes _____ No _____

If yes, list their names, address, and phone numbers

Resolution:

What remedy are you seeking? _____

Describe the informal efforts you have made to correct the situation described above. _____

Your signature: _____

Date: _____

File complaint with: Superintendent or Designee
 West Sonoma County Union High School District
 462 Johnson Street, Sebastopol, CA 95472
 (707) 824-6403

TO BE COMPLETED BY DISTRICT

Date received: _____ By: _____

Date resolved: _____ By: _____