



Redondo Beach Unified School District

1401 Inglewood Avenue, Redondo Beach, CA 90278

Phone (310) 937-1223 Fax (310) 798-8659

GENERAL COMPLAINT FORM

This form may be used to file a complaint with respect to District or school policies or procedures, or the alleged conduct of an employee of the District. If a response is desired, please complete the information below and indicate that you would like a response.

Section I: Complainant Information and Request for Response

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

e-Mail Address: _____

Response Requested: _____ YES* _____ NO

* Written responses will be mailed to the address above unless it is specified the response should be e-mailed.

Section II: Location and Explanation of Complaint

**General complaints must first be submitted to the site administrator*

Background Information:

Who was involved (if applicable): _____

Date Issue Occurred: _____

Location Issue Occurred: _____

Section III: Prior Actions to Resolve Complaint

Please describe, if applicable, any actions you have taken to resolve this complaint prior to seeking assistance from district office administration.

With whom have you spoken (if applicable)? _____

Date(s) of conversation(s)/email/meeting(s): _____

Outcome: _____

Written Explanation

In the space provided below, please provide a written explanation describing the complaint. Additional pages may be attached to this form if needed. Brevity is appreciated.
