

Arcadia Unified School District

150 S. Third Ave.; Arcadia, CA 91006 ~ Phone: 626-821-8300 / FAX: 626-446-3064

COMPLAINT FORM

Please Note: Complaints should first be addressed on an informal basis at the level closest to the situation. If a complaint cannot be addressed and resolved informally, either with the employee involved or where applicable the employees supervisor (level 1), then the formal steps of the complaint procedure are available to any complainant by completing this form. This form will normally be processed only after Level 1 (informal discussion) has been completed.

Please Print (this form can also be downloaded at www.ausd.net)

Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Other Phone: _____

Email: _____

I am a (Please check one)

() Parent () Community Member () Student () Other: _____

I wish to complain about: _____

Name of person; program or activity: _____

Location of incident/situation: _____

When did this event/incident occur? _____

Nature of the complaint: _____

Please describe your complaint below (or attach a statement), including names and places involved so that we may have a complete understanding of the concern.

What is the solution or remedy you are seeking:

Individual(s) who could supply additional information about the complaint:

Name: _____ (How to contact:) _____

Name: _____ (How to contact:) _____

Has the complaint been discussed with the employee involved in the complaint and/or immediate supervisor (if applicable) () Yes () No

If yes, to whom have you spoken? _____

Date of conversation: _____

What was the result of the discussion? _____

If no, please explain why this was not possible.

I understand that the school district may request further information about this matter, and if such information is available, I agree to present it upon request. I also understand that a copy of this complaint may be given to the employee or supervisor against whom the complaint is made (if applicable). I acknowledge that the school district prohibits retaliation or harassment against any individual or the child of a parent who submits a complaint.

Signature of Complainant; _____ Date: _____

For office use only:

Level 2 Resolution:

Signature of Level 2 Administrator/Department Head

Date: _____

Level 3 Resolution:

Signature of Superintendent/Superintendent's Designee

Date: _____