

**BARSTOW UNIFIED SCHOOL DISTRICT**

551 South Avenue H  
Barstow, California 92311

E 1312.3

**COMPLAINT**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please print name of person filing complaint

Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Student \_\_\_\_\_ School Site \_\_\_\_\_

Statement of Complaint or Board Policy Violated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District personnel involved: \_\_\_\_\_  
\_\_\_\_\_

Remedy sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pages attached:  Yes  No If Yes, how many

**RESPONSE**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

FINDING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_