



MT. DIABLO UNIFIED SCHOOL DISTRICT
JAMES W. DENT EDUCATION CENTER
 1936 Carlotta Drive
 Concord, California 94519-1358
 (925) 682-8000

GENERAL COMPLAINT FORM

TO: SUPERINTENDENT/ DESIGNEE

FROM: _____

Name

Address

Phone number

DATE: _____

<u>Staff Use:</u>	
Received by: _____	Date: _____
Responded by: _____	Date: _____

 Email address

Is your complaint about:

A Staff Member (Provide Name) _____

A School (Identify School) _____

The District or A Department _____

Other _____

Please explain your complaint in detail. Include all names, dates, places, witnesses, and documents. (*Attach additional sheets, if necessary.*)

Did you already speak to any school or District personnel about the complaint? Yes No

If so, whom? _____ When? _____

What was the result? _____

Return the document to the Superintendent's Assistant or to the appropriate Department within 24 hours.

The Superintendent or designee will investigate the complaint and respond to you in a timely manner.

Signature