Ventura Unified School District

Request for Review/Complaint Form

Last Name_____ First Name_____

Student Name (if applicable)_____ School_____ Phone_____

Address_____ City_____ State____ Zip Code_____

Is this a:

☐ Complaint Concerning a District Employee (AR 1312.1)

☐ Uniform Complaint (BP/AR 1312.3) - Bullying, Intimidation, Discrimination, Harassment (please see BP 1312.3 for additional issues resolved utilizing the Uniform Complaint procedure).

1. Please provide the facts about your complaint. Provide details such as the names of those involved, location, time, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you discussed your complaint with the employee or his/her supervisor?

3. What is your desired outcome/remedy of the investigation?

_____ _____

Complainant's Signature Date

(BP/AR 1312.3) Uniform Complainants may appeal decisions by the principal or immediate supervisor to the appropriate District level administrator, who shall attempt to resolve the complaint to the satisfaction of the person involved within 60 days. Parties should consider and accept the Superintendent, or designee's, decision as final.

July 2018

WHITE: Human Resources YELLOW: Supervisor **PINK:** Complainant