



UNIFIED SCHOOL DISTRICT _____ PATRON COMPLAINT FORM

I, the undersigned, a patron of _____ Unified School District No. _____, do hereby make complaint and advise the administration and/or board of education that I understand and believe that:

a teacher, employee, or policy of said district, on or about the _____ day of _____

20____, at _____ did:

(Please describe the incident or act complained of)

I believe this incident, act, or policy adversely affects the performance of said teacher, employee, or district as follows: (Please describe how you believe the action complained of has an adverse effect.)

Complaint form USD ____
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Prior to signing this complaint, I have taken the following action to verify the occurrence and remedy or clarify the problem complained of: (Generally, this should include discussing the incident with: 1-the teacher, 2-the building principal, and 3-the superintendent.)

I suggest the following action on behalf of the administration and/or board: _____

[NOTE: The signed individual's testimony may not be required in some cases, for example complaints concerning discrimination and sexual harassment.]

Complainant signature: _____

Date: _____

Administrator signature: _____

Date: _____