BARSTOW UNIFIED SCHOOL DISTRICT

551 S.Avenue H
Barstow, Ca 92311
(760) 255-6000

Uniform Complaint Form

Name:_____ Date:_____
Address:_____
Cell/Home Phone: (____)_____ Work Phone: (____)_____
Email Address:_____
Name of Employee:_____ School Site:_____

1. Relationship to the the problem
   (Describe your interest as a parent, teacher, administrator, agency, or student):

   _____
   _____
   _____

2. Description of the incident, My concern is:
   (You may add addtional pages, please number additional pages)

   _____
   _____
   _____
   _____
   _____

3. I have taken the following steps to inform the local education officials about the problem
   (Phone calls, conferences, letters, etc.; When and with whom)

   _____
   _____
   _____

1. Request for action:
   (what type of resolution are you seeking?)

_____

_____

_____

The forgoing statements are true to the best of my knowledge. I request the Barstow Unified School District conduct an investigation to resolve the issue(s) identified.

_____ _____

Signature Date

*****For Office Use Only*****

*Date Complaint Received*_____

*Recieved by:*_____

*Findings:*_____

_____

_____

_____

_____

_____

_____

*Recommendations:*_____

_____

_____

_____

_____

_____

_____

_____

*Signature of investigator:*_____

*Date of completion:*_____