SALINAS UNION HIGH SCHOL DISTRICT

INITIAL COMPLAINT FORM

The Salinas Union High School District ("District") is committed to creating an academic and professional environment that fosters continuous improvement and accountability, with the goal that our actions be consistently aligned with the best interest of our students.

Please answer all applicable questions below, and provide as much detail as possible. You may attach additional pages as needed. Any applicable questions not answered or vague information provided may result in a delay in the resolution of your complaint.

Once completed, please submit this form via hand delivery, mail, or email to school site administration (i.e., principal or vice principal).

CONTACT INFORMATION

Do you wish to remain anonymous? Yes ☐ No ☐

If not, please complete the following:

Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Best Way to Communicate with You: Cell Phone ☐ Email ☐ No Preference ☐

TYPE OF REPORT

Staff Misconduct ☐ Student Misconduct ☐ Other ☐

General Nature of Matter (you will be asked for specifics below):

_____

COMPLAINANT

You are Filing this Complaint on Behalf of:

Yourself ☐ Your Child ☐ Another Student ☐ A Group ☐ Other ☐

Are you an employee of Salinas Union High School District? Yes ☐ No ☐

LOCATION AND DATE OF INCIDENT(S)

Did incident occur on school grounds? Yes ☐ No ☐

If the incident occurred on school grounds, name of school: _____

If not, please provide the location of incident (i.e., address, if known): _____

City: _____ Zip: _____

Date(s) of incident(s):_____ Time of incident(s): _____

IDENTIFICATION OF PERSONS INVOLVED

1. Name: _____ Title: _____
2. Name: _____ Title: _____
3. Name: _____ Title: _____

Please feel free to include additional persons in an attachment.

INDENTIFICATION OF WITNESSES

1. Name: _____ Title: _____
2. Name: _____ Title: _____
3. Name: _____ Title: _____

Please feel free to include additional persons in an attachment.

DESCRIPTION OF INCIDENT(S):

What steps, if any, have you taken to resolve this issue, and which school and/or District personnel have you spoken to, before filing this complaint?

_____

_____

_____

_____

_____

Please provide as many details as possible regarding the incident, including the location of witnesses, any other information that could be valuable in the evaluation and ultimate resolution of this situation. Please also indicate what resolution you are seeking. Please feel free to add additional information in an attachment.

Signature of Person Submitting Complaint

Date