



## GATEWAY UNIFIED SCHOOL DISTRICT COMPLAINT FORM

(Please complete this form and return it to the employee's supervisor)

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

Address of Complainant: \_\_\_\_\_  
Street City Zip

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Other: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

This complaint is about the following Gateway Unified School District employee(s):

\_\_\_\_\_

Work site of employee(s): \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ Location of incident: \_\_\_\_\_

Student's name (if involved): \_\_\_\_\_

Witness(es): \_\_\_\_\_

\_\_\_\_\_

1. Please state in your own words what occurred. Please be specific and complete.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe your attempt to discuss the complaint with the employee(s) involved and the failure to resolve the matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe your attempt to meet with the employee(s)' supervisor and the failure to resolve the matter.

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4. If you are submitting this form to the Office of the Superintendent, please describe your attempt to meet with the employee(s)' supervisor and/or principal and the failure to resolve the matter.

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5. Please describe the outcome or remedy you seek for this complaint:

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I hereby certify that this information is complete and accurate to the best of my recollection.

\_\_\_\_\_  
Complainant's Signature

Date: \_\_\_\_\_

*Attach to this form any documents you believe will support the complaint.  
Please keep a copy of the completed form and any supporting documentation for your records.*