LOS ALAMITOS UNIFIED SCHOOL DISTRICT

COMPLAINT REPORTING FORM

The Los Alamitos Unified School District is committed to providing a safe, caring, and positive educational and social environment where everyone is treated with respect. Each school site shall follow Complaint Procedures when addressing complaints.

CONTACT INFORMATION

Name: _____

Address: _____

Primary Phone Number: _____ Email: _____

COMPLAINANT

This complaint is being filed on behalf of: _____
(name of individual or group)

☐ yourself ☐ your student ☐ another student ☐ a group

SCHOOL INFORMATION

School Name: _____

Principal's Name: _____

DETAILS OF COMPLAINT

A. In as much detail as possible, describe the nature of the incident you experienced that led to the filing of this complaint (you may attach a separate sheet or sheets of paper if necessary).

_____

_____

_____

_____

_____

_____

_____

_____

B. List the **individual(s)** involved in this complaint.

_____

_____

_____

_____

_____

C. List any **witness(es)** to the incident that led to this complaint.

_____

D. Describe the **location** where the incident(s) occurred.

_____
_____
_____
_____

E. List the **dates** and **times** of when the incident(s) occurred or when the alleged acts first came to your attention.

_____
_____
_____
_____

F. What steps, if any, have you taken to resolve this matter prior to filing this complaint?

_____
_____
_____
_____
_____

G. What **solution** or **remedy** are you seeking?

_____
_____
_____
_____

I understand that the District may request further information about this matter, and if such information is available, I agree to present it upon request. I also understand that a copy of this complaint may be given to the employee or supervisor against whom the complaint is made (if applicable). I acknowledge that the District prohibits retaliation or harassment against any individual or the student of a parent/guardian/caregiver who submits a complaint.

_____ _____
Signature of Person Filing the Complaint Date

For complaints regarding **student-to-student sexual harassment or bullying**, please return this form to the **School Principal**.

For all other complaints, please return this form to:

The Department of Human Resources
Los Alamitos Unified School District
10293 Bloomfield Street
Los Alamitos, CA 90720

FOR OFFICE USE ONLY:

Received by: _____ Date Filed: _____