TWIN HILLS UNION SCHOOL DISTRICT

GENERAL CONCERN & COMPLAINT INTAKE FORM

For concerns involving a student, employee, school, program, or District practice.
You do not need to know which complaint procedure applies.

1 PERSON SUBMITTING CONCERN

Name

Relationship (select one):

☐ Parent/Guardian ☐ Student ☐ Employee ☐ Community Member ☐ Other

Phone

Email

Preferred contact method / language (optional)

2 ABOUT THE CONCERN

School/site (select all that apply):

☐ Apple Blossom ☐ Twin Hills CMS ☐ Orchard View ☐ SunRidge

☐ District Office ☐ Other

Concern involves (select all that apply):

☐ District employee ☐ Another student ☐ Student safety/well-being

☐ School operations ☐ Classroom/instruction ☐ Communication

☐ Discrimination/harassment/bullying ☐ Other

Name(s) of individual(s) involved, if known

Date(s) / approximate time(s)

Location(s)

Describe what happened or the concern you would like addressed.

Include relevant details and witnesses, if known. Attach additional pages if needed.

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Continuation and District processing

3 PREVIOUS CONTACT & REQUESTED RESOLUTION

Have you already discussed this concern with anyone at the school or District?

☐ Yes ☐ No

If yes, with whom and when?

What action or resolution are you seeking?

4 SUBMISSION

Signature (optional)

Date

Submit to your school office or the Twin Hills Union School District Office:
700 Watertrough Road, Sebastopol, CA 95472 | (707) 823-0871

IMPORTANT

This general intake form does not replace required complaint procedures. The District will determine the appropriate process, which may include employee complaints, UCP, Title IX, or other applicable procedures. Different timelines and appeal rights may apply.

For an immediate safety emergency, call 911.

DISTRICT USE ONLY

Date received

Received by

Reference #

Referred to

Date

Follow-up date

Process assigned:

☐ Site-level ☐ Employee complaint ☐ UCP ☐ Title IX ☐ Other