Burbank Unified School District - Educational Services Department

COMPLAINT FORM

Please submit this form to: **Assistant Superintendent, Special Education & Student Services**
Burbank Unified School District
1900 Olive Avenue, Burbank, CA 91506
maishajamesmcintosh@burbankusd.org

PLEASE PRINT AND COMPLETE ALL SECTIONS OF THIS FORM

Name: _____ Date: _____

Address: _____
Number *Street* *Apt. #* *City* *State* *Zip Code*

Email Address: _____ Home Phone: _____ Other Phone: _____

I am a (Please Check One): ☐ Student ☐ Employee ☐ Parent ☐ Other: _____

SECTION 1

I WISH TO COMPLAIN AGAINST:

Name of person(s), program, or activity: _____

Location, School, or Address: _____

If complaint is against an employee, what is the employee's position: _____

SECTION 2

I WISH TO COMPLAIN ABOUT THE FOLLOWING: (You may type your statement on a separate sheet and attach it to this form.)

Date(s) of conduct for this complaint: _____

Please describe the incident(s): _____

CONTINUE TO NEXT PAGE

SECTION 3

Location (s) where the conduct for this complaint occurred: _____

_____

_____

SECTION 4

Name(s) of persons whom I have spoken with about the conduct for this complaint: _____

_____

_____

SECTION 5

THE FOLLOWING INDIVIDUAL(S) MAY PROVIDE PERTINENT INFORMATION: Please provide names and contact information for any witnesses who could provide additional information regarding this complaint:

Witness 1: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Witness 2: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Witness 3: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Witness 4: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Attach additional page(s) if necessary.

SECTION 6

What would you like to see happen in response to this complaint? What do you think would be an appropriate remedy or resolution?

Please explain: _____

_____

SECTION 7

DECLARATION UNDER PENALTY OF PERJURY

I understand that the site administrator, Superintendent/Assistant Superintendent, or Board of Education may request from me further information about the complaint and, if such information is available, I shall present it upon request. I also understand that a copy of this complaint will be given to the employee or student against whom this complaint is being made. I certify under penalty of perjury that the foregoing and any attachments are true and correct.

SIGNATURE OF COMPLAINANT _____ **DATE:** _____