

**UNIFORM COMPLAINT POLICY COMPLAINT FORM**

Complaints shall be filed with:

Superintendent  
Buena Park School District  
6885 Orangethorpe Avenue  
Buena Park CA 90620  
(714) 522-8412

Name:	_____	If a BPSD Employee
Address:	_____	School/Department: _____
	_____	_____
Work Phone:	_____	
Cell Number:	_____	
Email Address:	_____	

1. Identify the offending person or persons (if known).

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

2. State what happened to cause the complaint. Be specific. (If more space is required, please attach additional pages.)

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

3. What remedy are you seeking?

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

4. Describe the informal efforts you made to correct the situation.

---

---

---

---

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Board Policy 1312.3 Uniform Complaint Procedures**

**TO BE COMPLETED BY COMPLIANCE OFFICER(S)**

Date Received \_\_\_\_\_ By \_\_\_\_\_  
Uniform Complaint Policy Complaint Form # \_\_\_\_\_ Reference Code \_\_\_\_\_  
Date Resolved \_\_\_\_\_ By \_\_\_\_\_