

# CASTAIC UNION SCHOOL DISTRICT

28131 Livingston Avenue, Valencia, CA 91355 • (661) 257-4500

## REPORT OF COMPLAINT

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

Complainant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Names of the involved: \_\_\_\_\_ School/Department: \_\_\_\_\_

Student(s): \_\_\_\_\_

Employee(s): \_\_\_\_\_

Parent(s): \_\_\_\_\_

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1. DATE OF INCIDENT:

2. NATURE OF COMPLAINT: (Complaints must be received in writing)

3. STEPS YOU HAVE TAKEN TO RESOLVE ISSUES LEADING TO COMPLAINT:

4. DESIRED OUTCOMES (WHAT ARE YOUR SUGGESTIONS FOR CORRECTION OF THIS PROBLEM?)

The complainant is hereby informed that the District will share the information on this complaint form with the employee(s) involved and, to the extent necessary, with the appropriate persons who must be contacted in order to investigate the claim. Therefore, please be apprised that any statements made by the complainant which are knowingly false, might be considered as actionable as defamation against those against whom the false statements were made.

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

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Complaint Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_