



**GREENFIELD UNION SCHOOL DISTRICT**

**1624 Fairview Road  
Bakersfield, CA 93307**

Phone: (661) 837-6000  
Fax: (661) 832-2873

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**UNIFORM COMPLAINT FORM**

Person filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone \_\_\_\_\_

School/Department Involved: \_\_\_\_\_

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

Person(s) Complaining About: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Incident Being Complained About: \_\_\_\_\_

Witness(es) to Incident (if any): \_\_\_\_\_  
\_\_\_\_\_

Briefly state your complaint. Please include any attempt to discuss and/or resolve the incident with the person(s) being complained about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for correcting incident being complained about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Complaint Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

School/Department: \_\_\_\_\_

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

Disposition of Complaint at Site Level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Site Administrator

If person filing the Complaint is not satisfied with the disposition at the site level, he/she may request the District Superintendent review the Complaint.

Received: \_\_\_\_\_ Date: \_\_\_\_\_  
District Superintendent or Representative

Disposition of Complaint at District Level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the person filing the Complaint is not satisfied with the disposition at the District level, he/she may appeal such disposition to the Board of Trustees.

Disposition of Complaint at Board Level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_