



EASTSIDE UNION SCHOOL DISTRICT  
45006 NORTH 30<sup>TH</sup> STREET EAST  
LANCASTER, CALIFORNIA 93535  
(661) 952-1200

**REPORT OF COMPLAINT**

DATE: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Work No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names of student(s), employee(s) and/or parents involved: \_\_\_\_\_

1. Explain your complaint(s): *(Complaints must be received in writing)*

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

2. What are your *suggestions* for correction of this problem?

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

3. Have you discussed the problem with the District employee this problem concerns?

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

4. Have you discussed the problem with any other member of the school district?

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

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

How was your complaint handled by this person?

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

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

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For District Use**

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

Position: \_\_\_\_\_ Time Received: \_\_\_\_\_

**District Resolution**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: