



EASTSIDE UNION SCHOOL DISTRICT
44938 NORTH 30TH 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: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_ Date: \_\_\_\_\_
For District Use

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

By: \_\_\_\_\_ Date: \_\_\_\_\_
District Resolution

Comments:



DISTRITO ESCOLAR EASTSIDE UNIÓN
44938 NORTH 30TH STREET EAST
LANCASTER, CALIFORNIA 93535
(661) 952-1200

FECHA: \_\_\_\_\_

FORMULARIO DE QUEJA

NOMBRE DEL DENUNCIANTE: \_\_\_\_\_
Domicilio: \_\_\_\_\_ Teléfono del Hogar: \_\_\_\_\_
Número del Trabajo: \_\_\_\_\_ Teléfono Celular: \_\_\_\_\_
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Nombre del estudiante(s), empleado(s) y/o padres involucrados: \_\_\_\_\_

- 1. Explique su queja(s): (Quejas deben ser recibidas por escrito)
2. ¿Cuales son sus sugerencias para corregir este problema?
3. ¿Usted ha discutido el problema con el empleado del Distrito del cual se refiere este asunto?
4. ¿Usted ha discutido el problema con cualquier otro miembro del distrito escolar?

Nombre: \_\_\_\_\_ Posición: \_\_\_\_\_

¿Cómo fue resuelta la queja por esta persona?
\_\_\_\_\_

La persona que completa este formulario por la presente está informado que el Distrito compartirá la información de este formulario con los empleados involucrados y a la medida necesaria, se pondrá en contacto con las personas apropiadas con el fin de investigar la denuncia. Por lo tanto, debe saber que cualquier declaración hecha por la persona que llena este formulario con declaraciones falsas, podría considerarse como justiciable o una difamación en contra de aquellos a quienes las declaraciones falsas fueron hechas.

Firma del denunciante: \_\_\_\_\_ Fecha: \_\_\_\_\_

District Use/Usó del Distrito

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

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

District Resolution/Resolución del Distrito

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

Comments: