SONORA SCHOOL DISTRICT
830 GREENLEY ROAD, SONORA, CA 95370
TEL (209) 532-5491 FAX (209) 532-4828

GENERAL COMPLAINT FORM

We recognize that complaints are best resolved as quickly as possible, through direct discussion between the parties involved. If it cannot be resolved at that level, we recommend that the issue be addressed with the Principal or Assistant Principal before involving the District Office.

You are welcome to use the attached form as a written request for resolution at any point in the process. Please note that if your initial complaint is alleging unlawful discrimination, harassment, intimidation or bullying, Including cyber bullying, it must be filed within six months from the date of the event(s). All other complaints can be filed within a year of the event(s).

If resolution of the complaint has been attempted at every possible level but still not completed, you may apply for a closed hearing before the Board of Trustees.

Your Name: _____

Your Address: _____

Your Phone#: _____

Name of person against whom the complaint is made:

_____

Date incident occurred: _____

Nature of complaint: Describe the complaint in your own words, including names, dates, places for a complete understanding of the complaint. You may attach additional pages if you prefer.

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Who has the complaint been discussed with? (check all that apply)

Person against whom complaint is filed: Date: _____

Supervisor of that person: Date: _____

Principal/Asst Principal (circle one): Date: _____

What was the outcome of the discussion(s)?

_____

_____

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_____

Signature: _____ Date: _____