

MISCELLANEOUS COMPLAINTS

Miscellaneous Complaints Procedure

MILL VALLEY SCHOOL DISTRICT
COMPLAINT FORM

Your Name _____

Address _____

E-Mail Address _____

Daytime Phone Number (_____) _____

1. Identify the area in which the complaint is most appropriate:
 Policy Program Operations District Employee

If this complaint concerns a district employee or employee(s), please identify the employee(s).

1. Date of incident or action complained about: _____

2. Is the complaint on behalf of:

a student or group of students?

a parent/guardian or community member or group?

a district employee or group of employees?

3. Please describe the complaint. Include names of persons involved and dates and locations of the specific events you describe. If necessary, attach additional pages.

4. What action or remedy is sought?

5. Has the school principal or appropriate district administrator been contacted about this matter?

Yes No

If yes, please give the date and principal's name: _____

What was the result of your discussion? _____

Please list other district personnel you contacted about this complaint:

6.

Your Signature

Date

This complaint form will be forwarded to the appropriate district Compliance Officer, who will contact you. If the complaint concerns an employee, the district will inform the employee(s) involved that a complaint has been made and the nature of the complaint. The information you provide will be kept confidential except as necessary to investigate your complaint.