



BUCKEYE UNION SCHOOL DISTRICT

WRITTEN COMPLAINT CONCERNING DISTRICT EMPLOYEES

Note: AR 1312.1 (attached) should be followed in resolving this complaint.

Date: _____

To: Site/Department Administrator - _____

School: _____

From: Parent's Name - _____

Address: _____

Phone: _____ **Cell:** _____

Work: _____

Name(s) of each employee involved: _____

Summary of complaint and facts concerning it, including the date:

Date complaint was discussed with employee(s):

Specific description of attempt to discuss complaint with staff member(s) involved and the failure to resolve the matter:

Statement of how complainant feels the complaint should be resolved:

Signature of Complainant(s): _____

****NOTE:** All complaints must be received within ten (10) days of the incident. ****** Please submit this complaint to the Office of the Site Administrator