



Santa Maria Joint Union High School District

2560 SKYWAY DRIVE · SANTA MARIA CA 93455
(805) 922-4573

Complaint Form – Public

(For Parents, Students, and Community Members)

Date of event leading to complaint: _____

To: _____
Compliance Officer/Receiving Administrator

Person filing complaint:

From: _____
First Name / Last Name

_____ Parent

_____ Address

_____ Student

_____ City / State / Zip

_____ Community Member

Phone: _____

Reason for Complaint:

A. Complaint concerning District employee. (BP 1312.3) *Please specify employee name(s):*

B. Complaint concerning instructional materials. (BP 1312.2) *Please complete Form E1312.2 (a).*

C(1). Complaint concerning discrimination, harassment, intimidation or bullying based on (BP 1312.3)

(circle at least one)

~ Actual or perceived sex ~ sexual orientation ~ ethnic group identification ~ race or ethnicity ~
~ ancestry ~ national origin ~ nationality ~ religion ~ color ~ mental or physical disability ~ age ~
~ marital or parental status ~ gender ~ gender identity or expression ~ genetic information ~

C(2). Complaint concerning program compliance with state and/or federal laws (BP 1312.3):

D. Complaint concerning charging of student fees for participation in an educational activity (BP 1312.3):

Specifics of Complaint:

Describe, in your own words, the grounds for your complaint including all names, dates, and places necessary for a complete understanding of the Complaint.

(Please use additional sheets, if necessary, to describe your complaint fully.)

Direction / Understanding:

Whenever possible, complaints directed to an individual should be discussed with that person prior to the filing of a written complaint.

1. Information regarding a student and/or employee must be kept confidential.
2. District policy and the law strictly prohibit retaliation against a complainant or any person participating in good faith in an investigation of a complaint.
3. All complaints should be filed in a timely manner.

To whom have you spoken to regarding this complaint? (*Name of the employee(s), administrators, or other district officials.*)

What was the result of the discussion?

What remedy or solution do you seek?

It is understood that additional information about this complaint may be requested from me (us) and if such information is available, I (we) will present it upon request.

I (we) certify under penalty of perjury that the foregoing is true and correct.

Executed the _____ day of _____, 20_____.

Signature(s): _____
