



## GENERAL COMPLAINT FORM

This form is intended for use by parents, guardians, students, or community members to file a complaint regarding school or district-related concerns. We value your feedback and will review each submission carefully to maintain a positive environment for our students and community.

**DIRECTIONS/UNDERSTANDING:** Whenever possible, complaints directed to an individual school should be discussed with that school's administration prior to the filing of a written complaint.

1. Information regarding a student and/or employee must be kept confidential
2. District policy and 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 within a timely manner

**CONTACT INFORMATION:** Please provide your contact information so that we may follow up if needed.

When honoring a request for confidentiality, the district shall nevertheless take all reasonable steps to investigate and resolve/respond to the complaint consistent with the request. You have the right to remain anonymous. However, this may severely affect the District's ability to investigate and respond.

### Reporter's Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (Optional): \_\_\_\_\_

If the complaint involves your student, please provide the following.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Relationship to the District:** Please select the option that best describes your role.

If Other, please specify: \_\_\_\_\_

**COMPLAINT DETAILS:** Please provide specific details including relevant facts, dates, and events:

**Date of Incident** (if applicable): \_\_\_\_\_

**Location** (e.g., school name, department, or specific area):

**Bldg./Site:**

If Other, please specify: \_\_\_\_\_

**Individuals Involved:** Please specify if any involved are students

**ACTIONS TAKEN:** Please list any actions you have already taken to address this issue (e.g., speaking to a teacher, administrator, or school counselor)

**SUGGESTED RESOLUTION:** Please provide any ideas you have for resolving this issue.

**SIGNATURE:** Your electronic signature will serve as verification that the information provided in this form is accurate to the best of your knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:** Choose one of the following methods to submit your form:

**Email:** Click "Continue" to proceed to the next page where you will select the school/recipient.

**Mail:** Print this form and mail it to: 150 District Center Dr., Palm Springs, CA 92264

**In-Person:** Print this form and deliver it to: 150 District Center Dr., Palm Springs, CA 92264

**Note:** You may be contacted to provide additional information. This form is not intended for emergencies. If this is an urgent matter, please contact the school district directly.