



Salida Union School District

4801 Sisk Road • Salida, CA 95368
Phone: 209-545-0339 • Fax: 209-545-2682

COMPLAINT PROCEDURE FORM

Person filing complaint: _____

Address: _____ Phone: _____

Person against whom complaint is lodged: _____

School Site: _____

Brief, but specific summary of the complaint and facts surrounding it.

(if more room is necessary, use reverse side)

Description of prior attempt to discuss the complaint with employee involved and the failure to resolve the matter (Include dates and persons contacted)

Have any contacts been made with:

Superintendent _____ Date: _____

Board Member(s): _____ Name(s) _____

_____ Date: _____

Comments: _____

Signature