

SUNOL GLEN UNIFIED SCHOOL DISTRICT
Complaint/Concern/Suggestion Form

NOTE: You will be contacted within ten (10) calendar days after the form is received.

Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Student Name: (if applicable): _____ Grade: _____

Name of employee you wish to file a complaint against: _____

Concern _____ Suggestion _____

Date the event/incident occurred: _____ Date of informal resolution meeting: _____

Names of parties who attended the informal resolution meeting:

Details of complaint/concern/suggestion (attach appropriate supporting documents):

Solutions that you would consider appropriate or desired outcome:

Complainant

Date:

Superintendent

Date

Response or Outcome of Complaint/Concern/Suggestion _____
