



Maricopa Unified School District

955 STANISLAUS ST • MARICOPA, CA 93252
(661) 769-8231 • FAX (661) 769-8168

DISTRICT COMPLAINT FORM

Any staff member, parent, student, community member or applicant who has a complaint regarding an employee, a district policy, or other condition of the Maricopa Unified School District may submit the complaint by completing this form and filing it with the school principal or appropriate District administrator.

Complainant's Name: _____ Date Filed: _____

Address: _____ Phone #: _____ Email: _____

The complainant about a: Staff member Parent Student Applicant Community Member

Statement of the problem: *(Please be as precise as possible, include specific facts: names, dates, times, location, witnesses, etc. Attach additional pages, if necessary.)*

Remedy sought:

Is a conference requested? Yes No *(Initial conference will occur with administrator at site or department)*

All complaints will be responded to by the appropriate administrator. A copy of the response will be mailed to you. If you are not satisfied with the response, you should re-contact that administrator and explain your dissatisfaction. If you are still not satisfied, resubmit the complaint to the responding administrator's supervisor. That supervisor can be identified by calling 769-8231.

Signature of Complainant: _____

(To be completed by the appropriate responding administrator)

Finding of Facts:

Administrative responses/action taken:

Name/Responding Administrator: