

Policy 872 Exhibit
School District of Lodi
Formal Complaint Form

Instructions: This form is to be completed by the complainant only after informal measures for resolution of the problem have not succeeded. Please complete all information at the top and outline your complaint as clearly and concisely as possible.

A Complaint Involving _____ **Date:** ____/____/____
(Staff Members Name)

Position _____
Building _____

Statement of Complaint: Please be as specific as possible, giving as accurate a description of your concerns as possible. Please cite names and dates and also describe informal attempts to resolve the problem. Use additional pages if necessary.

Signature of
Complainant _____ **Date:** ____/____/____
Address _____ **Phone** _____

School District Response:

Administrator's
Signature _____ **Date** ____/____/____
Copies to Complainant, Staff Member, Building Administrator, District Administrator, Boar