

*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*