

# Bass Lake Joint Union Elementary School District

40096 Indian Springs Rd., Oakhurst, CA 93644 ~ (559) 642-1555

Please complete the following form if there is a complaint or charge against any school site, program, office or School District Employee. Submit the completed complaint form to Glenn Reid, Superintendent, at the address above. The District will provide the person filing the complaint within 15 days a confirmation that the complaint has been received, the name of the person responsible for investigating the complaining, the timeline and the process which will be used.

**BLJUESD USE ONLY**

Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Log #: \_\_\_\_\_  
 Mailed To: \_\_\_\_\_  
 Date Mailed: \_\_\_\_\_  
 Copy Filed: \_\_\_\_\_  
 Response Due: \_\_\_\_\_

## COMPLAINT FORM

TO: Glenn Reid, Superintendent  
 Bass Lake JUE School District  
 40096 Indian Springs Rd.  
 Oakhurst, CA 93644

FROM: \_\_\_\_\_  
 Name(s)  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_ email address \_\_\_\_\_

Name of school, program or office or name of employee and job location against whom charge or complaint was directed.

\*A copy of the written complaint against an employee will be provided to the employee, except for sexual harassment and discrimination complaints.

Nature of complaint (attach additional pages if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDIATION:** I have been offered and **accepted/rejected** (circle one) an opportunity for mediation for this complaint.

Place a check next to the kind of complaint you are making:

	and/or Discrimination of basis of:	If your complaint involves a specific program, check which one
<input type="checkbox"/> Student Suspension	<input type="checkbox"/> Age	<input type="checkbox"/> Program for English Learners
<input type="checkbox"/> Student Expulsion	<input type="checkbox"/> Ancestry and/or National Origin	<input type="checkbox"/> Child Care & Development
<input type="checkbox"/> Transfers	<input type="checkbox"/> Color	<input type="checkbox"/> Child Nutrition
<input type="checkbox"/> Transportation	<input type="checkbox"/> Ethnic Group Identification	<input type="checkbox"/> Consolidated Categorical Programs
<input type="checkbox"/> Student Grades	<input type="checkbox"/> Gender	<input type="checkbox"/> Educational Equity
<input type="checkbox"/> Instruction/Materials	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Special Education
<input type="checkbox"/> Student Safety	<input type="checkbox"/> Physical/Mental Disability	<input type="checkbox"/> Other
<input type="checkbox"/> Student Discipline	<input type="checkbox"/> Race	
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Religion	
	<input type="checkbox"/> Sex	
	<input type="checkbox"/> Sexual Harassment	
	<input type="checkbox"/> Sexual Orientation	
	<input type="checkbox"/> Other Harassment	

When did event(s) occur? Date(s): \_\_\_\_\_

\_\_\_\_\_

Has charge or complaint been discussed with the school principal, employee or his/her supervisor? \_\_\_\_\_

To whom have you spoken? (Write name(s) in spaces provided.)

[ ] District Office Staff \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Principal \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Assistant Principal \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Counselor \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Teacher \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Staff Member \_\_\_\_\_ Date: \_\_\_\_\_

What was the result of the discussion?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you desire a remedy or wish the District to take a particular course of action, please specify what you would like.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that the foregoing is true and correct. I understand that the District will maintain this information as confidential to the extent provided by law or collective bargaining agreement; that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter and, if such information is available, I agree to present it upon request. (The district representative will respond to this complaint when the investigation has been completed. By law the district has 15 days in which to do so).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PLEASE SUBMIT TO GLENN REID, SUPERINTENDENT, BLJUESD, 40096 INDIAN SPRINGS RD,  
OAKHURST, CA 93644**