

SOUTH COAST ESD

COMPLAINT FORM

TO: ESD Office _____ (Name of School)

Person Making Complaint _____ Date _____

Phone Number _____ Email _____

Nature of Complaint _____

Who should we talk to and what evidence should we consider? _____

Suggested solution/resolution/outcome: _____

Signature of Complainant: _____ Date: _____

Office Use: Disposition of Complaint: _____

Signature: _____ Date: _____

cc: ESD Office

HR9/28/17 | PH