



Shandon Joint Unified School District

General Complaint Form

Customer Information	
Complainant Name:	Complainant Phone:
Address:	
Student Name(s):	Grade(s):

Complaint Information	
Complaint Date:	Complaint taken by:
Complaint Details:	
First Response Corrective Action You Are Requesting	
Suspected Cause:	
District Use:	
Corrective Action Follow-up:	
What steps should be considered to avoid a repeat of the problem:	
Date:	

Name of person completing this form

Signature