

**CITIZEN COMPLAINT FORM**

In accordance with Vacaville Unified School District Board Policy 1312.1, VUSD shall follow the procedures when addressing complaints against district personnel. A complaint should first be brought to the attention of the site or department manager in order to resolve it expeditiously. If it cannot be resolved at the site level, please return this form electronically to [Janetd@vacavilleusd.org](mailto:Janetd@vacavilleusd.org) or it may be mailed or delivered to:

Attn: HUMAN RESOURCES  
Vacaville Unified School District  
401 Nut Tree Road  
Vacaville CA 95688

Name of the Complainant: \_\_\_\_\_  
If an employee, state job title/site: \_\_\_\_\_  
If a student or parent, state school site: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of the person against whom the complaint is made: \_\_\_\_\_  
Are you filing the complaint on behalf of someone else? If so, specify for whom you are filing this complaint: \_\_\_\_\_

Has the complaint been discussed with the person named in the complaint?      Yes              No

State who you have spoken to about the complaint and specify the date(s) when this occurred (use additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the complaint (please use additional pages if necessary and attach them to this form):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the date(s) that the subject of the complaint occurred: \_\_\_\_\_  
State the date, place, and witnesses of the alleged act(s): \_\_\_\_\_

If applicable, state the specific laws, regulations or District rules that were allegedly violated:  
\_\_\_\_\_

What resolution or corrective action(s) are you requesting?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date complaint submitted: \_\_\_\_\_

Signature of complainant: \_\_\_\_\_