

BAKERSFIELD CITY SCHOOL DISTRICT  
Education Center – 1300 Baker Street  
Bakersfield, CA 93305

REPORT OF COMPLAINT

Person Making Complaint \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School/Department Involved \_\_\_\_\_

Student(s) Involved \_\_\_\_\_

Person(s) Complained About \_\_\_\_\_

Date(s) Incident(s) Occurred \_\_\_\_\_

Witness(es) to Incident(s) \_\_\_\_\_

*Briefly state complaint including any attempt, if applicable, to discuss the complaint with the person(s) complained about and the failure to resolve the matter:*

*Suggestions for Correction of Matter Complained About (Optional):*

Signature of Person Making Complaint \_\_\_\_\_

Note: Matters which are covered by collectively negotiated agreements are not subject to this procedure unless specifically stated in the agreement. Certificated bargaining unit members must receive written notification of the complaint within fifteen workdays of the event giving rise to the complaint, unless law enforcement officials direct otherwise. Complaints of alleged unlawful discrimination shall be initiated no later than six (6) months from the date the alleged discrimination occurred or the date the complainant first obtained knowledge of the facts of the alleged discrimination unless the time for filing is extended by the Superintendent, upon written request of the complainant setting forth the reasons for the extension.