

COMPLAINT FORM

Any individual, public agency, or organization may file a written complaint of alleged noncompliance or discrimination against SELPA or SELPA staff by completing this Complaint Form and submitting it to the following Complaint Officer: SELPA Director, 401 N. Fairview Avenue, Goleta, CA 93117 (5 CCR [4630](#)). If the complaint is against the SELPA Director, the complaint shall be submitted to the JPA Board. The complainant has a right to appeal the SELPA’s decision to the California Department of Education by filing a written appeal within 15 days of receiving the district’s decision. The appeal to the CDE must include a copy of the complaint filed with the district and a copy of the district’s decision (EC [262.3](#)).

Name of complainant: _____

Address: _____

Daytime phone number: _____ Evening/cell number: _____

Name staff member or district/LEA complaint regards: _____

Date(s) of the incident(s): _____

Location: _____

Date/time(s) of incident(s) _____

Were there witness(es) to the incident or issue? Yes No

If so, provide name(s), title, and contact information:

Explanation of incident(s): _____

Date incident(s) was discussed with employee: _____

Summary of outcome/discussion: _____

Date incident(s) was discussed with District Administrator: _____

Summary of outcome/discussion: _____

Complainant Signature

Date