

California School of the Deaf, Riverside

Complaint Report

To: _____
Employee's Supervisor or DOI

_____ Date

From: _____
Name of complainant (required)

Mailing Address of Complainant: _____

Phone/VP/email of complainant: _____ Select: (voice / VP)

Complaint against activity or employee: _____

Nature of Complaint (Please explain where the incident occurred, what happened, who was involved and any other related facts that you feel are important.)

Remedy sought (how would you like to see this be settled or resolved?)

Signature of Complainant

Turn in to Employee's Supervisor and/or Title IX Coordinator