



INGLEWOOD UNIFIED SCHOOL DISTRICT

401 S. INGLEWOOD AVE., INGLEWOOD, CA. 90301 – (310) 680-5122

Complaint Questionnaire

Date: _____

Phoned In ____ Yes ____ No Time called: _____

Person Submitting Written Complaint: Parent Student Teacher
 Community Member Staff

1. Name _____
(Please Print)

Address _____

City _____ Zip Code _____

Telephone: Home _____ Work _____

If Parent/Guardian: _____
Student's Name Grade School

Is the student enrolled in Inglewood Unified School District programs:

Regular Education
Special Education

Who are the persons involved? _____

3. Have you discussed the concern(s) with the Principal or District Administrator?

Yes No

With whom? _____ When? _____

With whom? _____ When? _____

4. What are your concerns? _____

5. What would you like to see happen? _____

Forward to: Inglewood Unified School District
401 S. Inglewood Avenue
Inglewood, CA 90301

Attention: Lillian Grant, Public Relations Officer
lgrant@inglewood.k12.ca.us
310.419.2700x3080