

TO BE PROCESSED, THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

PART I

SCHOOL DISTRICT (IF KNOWN)	COUNTY
NAME OF SCHOOL	SCHOOL SITE ADDRESS (STREET, CITY, ZIP CODE)
LOCATION OF RESTROOM FACILITY (E.G., BOYS/GIRLS RESTROOM AT NORTH END OF CAMPUS NEAR GYM, CAFETERIA RESTROOM, ETC.)	

PART II

TYPE OF COMPLAINT (PLEASE CHECK ALL THAT APPLY):

Plumbing, Equipment and Supplies (hand soap, paper towels, etc.)

- | | |
|---|---|
| <input type="checkbox"/> P-100 Toilet damaged/missing | <input type="checkbox"/> E-101 Lavatory Stall Doors and/or Locks missing/inoperable |
| <input type="checkbox"/> P-101 Toilet leaking/clogged | <input type="checkbox"/> E-102 Paper Towel Dispenser missing/inoperable |
| <input type="checkbox"/> P-102 Lavatory Sink damaged/missing | <input type="checkbox"/> E-103 Toilet Paper Dispenser missing/inoperable |
| <input type="checkbox"/> P-103 Faucets or Pipes damaged/leaking | <input type="checkbox"/> E-104 Soap Dispensers missing/inoperable |
| <input type="checkbox"/> P-104 Floor Drains clogged | <input type="checkbox"/> S-100 Soap Dispensers consistently empty |
| <input type="checkbox"/> P-105 Lavatory Sink clogged | <input type="checkbox"/> S-101 Paper Towel Dispensers consistently empty |
| <input type="checkbox"/> E-100 Electric Hand Dryers damaged/missing | <input type="checkbox"/> S-102 Toilet Paper missing/unusable on a consistent basis |

Condition of Restroom/Miscellaneous

- | |
|---|
| <input type="checkbox"/> C-100 Floors unclean on a consistent basis |
| <input type="checkbox"/> C-101 Walls/Ceilings unclean on a consistent basis |
| <input type="checkbox"/> C-102 Trash Receptacles not emptied consistently |
| <input type="checkbox"/> C-103 Toilets/Urinals unclean/unusable on a consistent basis |
| <input type="checkbox"/> C-104 Restroom Facility closed for an extended period |
| <input type="checkbox"/> M-100 Miscellaneous—Summarize below |

OBSERVATIONS (PLEASE EXPLAIN IN DETAIL):

PART III

COMPLAINANT (PRINT NAME)	TELEPHONE (A. 916 111-2222)
ADDRESS (NUMBER, STREET, CITY, ZIP CODE)	
SIGNATURE OF COMPLAINANT	DATE

PLEASE MAIL/FAX COMPLETED FORM TO: Office of Public School Construction
 1130 K Street, Suite 400
 Sacramento, CA 95814
 FAX: 916.445.5526

