

RESTROOM MAINTENANCE COMPLAINT

EDUCATION CODE SECTION 35292.5

SAB 892 (REV 02/04)

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 (I.E., 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 (i.e. 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	FOR INTERNAL USE ONLY COMPLAINT NO.

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GENERAL INFORMATION

As of January 1, 2004, Section 35292.5 was added to the Education Code and contains the following requirements relating to the sufficiency and availability of restroom facilities in all public schools:

- Every restroom must be maintained and cleaned regularly, fully operational, and stocked at all times with toilet paper, soap, and paper towels or functional hand dryers.
- Schools must keep all restrooms open during school hours when pupils are not in classes, and must keep a sufficient number of restrooms open during school hours when pupils are in classes (except as required for pupil safety or as necessary to repair the facility).
- Any school district that operates a public school that is in violation of this section, as determined by the State Allocation Board, is ineligible for state deferred maintenance fund matching apportionments.

This form is used to report complaints for inadequate conditions in public school restroom facilities. If the complaint involves multiple restrooms, *please use a separate form for each restroom.*

SPECIFIC INSTRUCTIONS

Please complete all requested information in order for the Office of Public School Construction to address your concerns in a timely manner.

PART I**School District**

Enter name of school district of school where complaint is located.

County

Enter name of county where school district is located.

Name of School

Enter name of school site where complaint is located.

School Site Address

Enter street address, city and ZIP code of school site where complaint is located.

Location of Restroom Facility

Name specific physical location of restroom in the complaint; use landmarks, such as "boys/girls on east side of gymnasium" for reference.

PART II**Type of Complaint**

Check the box next to all complaint codes that apply to the complaint being reported.

Observations

Provide details to further explain the type of complaints that are checked in the "Type of Complaint" form cell.

PART III**Complainant**

Print your name.

Telephone

Please provide your telephone number.

Address

Please provide your mailing address.

Signature of Complainant

Sign your name here.

Date

Please enter the date the form is submitted.

After completing the form, please submit the form by mail or FAX to the address or FAX number shown.