# COMPLAINT FORM

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
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**ADDRESS:**

- **NUMBER STREET APT. # CITY STATE ZIP CODE**
- **HOME PHONE:** ( )
- **OTHER PHONE:** ( )

**I AM A (Please check one):**

- [ ] STUDENT
- [ ] EMPLOYEE
- [ ] PARENT
- [ ] OTHER

**I WISH TO COMPLAIN AGAINST:**

Name of person, program or activity

Address:

**I WISH TO COMPLAIN ABOUT THE FOLLOWING**

(Please specify what happened, when, where, and how it happened, and who was there:)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach additional pages if necessary.

Date of conduct which gave rise to this complaint:

________________________________________________________________________

If there are any witnesses to the alleged conduct or if there is anyone else who could provide more information regarding this, please list names, addresses, telephone numbers:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you think would be an appropriate remedy or resolution for this complaint?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*I certify under penalty of perjury that the foregoing and any attachments are true and correct.*

*Executed on this ______ day of ______________________ 20____, at ______________________, California.*

**SIGNATURE OF COMPLAINANT**