

Oroville Union High School District
2211 Washington Avenue, Oroville, CA 95966
(530) 538-2300

CITIZEN'S COMPLAINT FORM

Name of Complainant: _____
Address: _____

Phone No.: Home _____ Work _____

TYPE OF COMPLAINT (Circle One)

School/District Programs

Personnel

Other

The date of the event or circumstances upon which this complaint is based: _____

The facts upon which this complaint is based are as follows: (attach additional sheets, if necessary)

I request that this complaint be resolved as follows: _____

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the foregoing is true and correct. This Declaration was executed on _____ at _____, California.
(Date) (City)

(Signature of Complainant)

(Please Print Name)