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)