UNIFORM COMPLAINT FORM

Name of Complainant: ____________________________
Address: ______________________________________

Phone No.: Home ______________ Work ______________

TYPE OF COMPLAINT (Circle One)

School/District Programs  Personnel  Instructional Materials  Discrimination

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: (attach additional sheets, if necessary) __________

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_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

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)