



COMPLAINT FORM

For Office Use Only
Date Received

PLEASE PRINT

Name: _____ Date: _____

Address: _____
Number Street Apt # City State Zip

Home Phone: (_____) _____ Other Phone: (_____) _____

I am a (*Please check one*): Student Employee Parent Other _____

Type of Complaint: General Complaint (Concerns with a District employee, student, or unresolved school process)

Uniform Complaint (Allegations of discrimination, harassment, or violation of federal or state law)

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: _____

Have you discussed this issue with the person to whom you are directing your complaint? _____ If so, what happened?

If there are any witnesses to the alleged conduct or if there is anyone else who could provide more information, 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: _____

Please file this complaint at: Washington Unified School District
 Attn: Human Resources
 930 Westacre Road
 West Sacramento, CA 95691