

# Rocklin Unified School District

2615 Sierra Meadows Drive · Rocklin, CA 95677

Phone · (916) 624-2428 Fax · (916) 624-7246



## COMPLAINT FORM

Please Print

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    NUMBER                    STREET                    APT                    CITY                    STATE                    ZIP

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

I AM A (Please Check One)  Employee  Applicant  Parent/Guardian  Public  Student  Anonymous

### I WISH TO COMPLAIN AGAINST:

Name of person, program, plan 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 \_\_\_\_\_