



BROWNS ELEMENTARY SCHOOL COMPLAINT FORM

For Office Use Only
Date Received

PLEASE PRINT

Name: _____ Date: _____

Address: _____
Street Address City State Zip Code

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

I am a (Please Check One): ☐ Parent ☐ Student ☐ Employee ☐ 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 FILE A FORMAL COMPLAINT AGAINST:

Name of person, program or activity: _____

Address: _____

I WISH TO FILE A FORMAL COMPLAINT ABOUT THE FOLLOWING:

(Please provide specific information about the event, location, what occurred, and who was present):

Attach additional pages if necessary

Date of event which gave rise to this complaint: _____

What steps, if any, have you taken to resolve this issue prior to filing this complaint _____

Please provide information for any witnesses to the alleged conduct that could provide additional information. Please list names, addresses, phone numbers: _____

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 to: Browns Elementary School District
Attn: Superintendent/Principal
1248 Pacific Avenue
Rio Oso, CA 95674