

Lake Elementary School
4672 County Rd Nm Orland, CA 95963
Telephone (530) 865-1255 FAX (530) 865-1203

COMPLAINT FORM

DIRECTIONS: This form is to be used to make a written complaint. The completed form is to be submitted to the Superintendent/Principal. Pursuant to AR 1312.1(b), this form must be signed.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Student Name (if applicable): _____

Nature of complaint: _____

Date and place event/incident occurred: _____

Details of the complaint (attached appropriate supporting documents):

Specific remedy sought:

I declare and under penalty of perjury under the laws of the State of California, that I have made true, correct, and complete answers and statements on this complaint form and/or any attachment.

Signature

Date

FOR OFFICE USE: Received by:

Date: