



# 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