



Uniform Complaint Form

Complaints should be directed to the Office of the Superintendent, 1645 West Mill Street, Anderson, CA 96007. The complainant need not use this form or give his/her name. However, without having contact information for you, we will not be able to communicate the outcome.

Name: _____ Date: _____

Address: _____

Phone: _____ Other Phone: _____

Do you wish to be contacted in response to this complaint: ☐ YES ☐ NO

Name(s) of individuals thought to have been harmed by the alleged violation (if applicable):

Name(s) of individuals thought to be in violation of the law or regulation:

Nature of complaint, including if known, the citation of the law or regulation which is alleged to have been violated, and the rationale for the complaint:

(You may use additional pages of your own paper to describe your complaint more fully if you desire.)

A description of previous informal attempts to resolve the complaint:

What is the requested action on the part of the District that would bring about a satisfactory resolution?

I (we) certify under penalty of perjury that the foregoing is true and correct.

Signature

Print Name

Date