

Uniform Complaint Form

Forestville Union School District

Instructions: Please complete this form and return it to Forestville Union School District, 6321 Highway 116 Forestville, CA 95436 Attn: Principal/Assistant Principal Your complaint will be investigated by the appropriate administrator and a response will be provided.

Name of complainant: _____

Phone: _____

Best time to contact: _____

Please describe complaint (You may attach additional sheets or documents):

Witnesses (If applicable):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Policy or law violated:

Action taken (if any) to resolve complaint formally:

Desired remedy/resolution:

Signature: _____ Date: _____

Date received: _____