

California School of the Deaf, Fremont

Complaint Report

To: Sharon Felix-Campos, Office of Equal Opportunity

_____ Date

From: _____

Name of complainant (required)

Mailing Address of Complainant: _____

Phone/VP/email of complainant: _____ circle: (voice / VP)

Complaint against activity or employee: _____

Nature of Complaint (Please explain where the incident occurred, what happened, who was involved, and any other related facts that you feel are important.)

Remedy sought (how would you like to see this be settled or resolved?)

Signature of Complainant

Print to Sign form. Mail to: Office of Equal Opportunity, California Department of Education, 1430 N Street, Room 4206, Sacramento, CA 95814

Or Print form to Sign and Scan. Then Email attachment to: oeoinfo@cde.ca.gov