

Tulare City School District
UNIFORM COMPLAINT PROCEDURES FORM

Student:

Current Date:

Person(s) Filing Complaint:

Date of Occurrence:

Summary of Complaint: *(This should be a description in your own words of the grounds of your complaint, including all names, dates and places necessary for a complete understanding of your complaint.)*

Names of District Personnel Spoken With:

Result of the Discussion:

Remedy I am Seeking:

I/We have read a copy of the complaint procedures and understand the procedures to be utilized. I / We certify under penalty of perjury that the foregoing is true and correct.

Signature(s):

Address:

Telephone: