Lake Elsinore Unified School District
545 Chaney Street
Lake Elsinore, CA 92530
(951) 253-7000

Statement of Complaint

Complaint Form:
Board Policy 1312.1; 1312.3
Form #6010 – 11/10/16

Instructions: List the date(s) of occurrence(s) and/or name(s) of person(s) against whom you are registering the complaint. Describe your complaint, objection or disapproval below. Be certain to include a full description of the incident(s) or occurrence(s). It is assumed that you have already attempted to resolve your complaint. **Sign and date** your statement. Return your statement to the administrator who provided the form.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Print Name:_____ **School Name:**_____

Signature:_____ **Date:** _____

Address:_____ **Phone:**_____

For Office Use Only Date Received:	Alleged Violation (Legal Reference): Disposition: