



1450 Herndon Avenue  
Clovis, CA 93611-0567  
559-327-9000

Date Received

UNIFORM COMPLAINT FORM

Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to complain against (person, program or activity):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Please specify the nature of your complaint and list specifics of *what, when, where, how* and *who was there*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional pages if necessary*

Names and addresses and/or other contact information for witnesses or persons who can provide more information regarding this complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for an appropriate remedy or resolution of this complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify under penalty of perjury that the foregoing statements and attachments are true and correct.*

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_

*Please file this complaint form with your school principal or at the District Office, 1450 Herndon Avenue, Clovis*