

**COLUSA COUNTY OFFICE OF EDUCATION  
COMPLAINT FORM**

Name of person filing complaint \_\_\_\_\_

Address \_\_\_\_\_

Home Phone number \_\_\_\_\_ Work number \_\_\_\_\_

Student's name \_\_\_\_\_

School \_\_\_\_\_

Describe complaint (include all names, dates, places and occurrences necessary for a complete understanding of the complaint)

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

Desired outcome:

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

Signed by Complainant:

\_\_\_\_\_ Date \_\_\_\_\_

Signed as received by Superintendent or designee:

\_\_\_\_\_ Date \_\_\_\_\_