

# General Complaint Form

*Forestville Union School District*

**Instructions:** Please complete this form and return it to Forestville Union School District, 6321 Highway 116 Forestville, CA 95436 Attn: Principal  
Your complaint will be investigated by the appropriate administrator and a response will be provided.

Name of complainant: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Please describe complaint (You may attach additional sheets or documents):

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Witnesses (If applicable):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy or law violated:

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Action taken (if any) to resolve complaint formally:

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Desired remedy/resolution:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received: \_\_\_\_\_