

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
16350 MOJAVE DRIVE
VICTORVILLE, CA
92395 (760) 955-3201

UNIFORM COMPLAINT FORM

Name: _____ Date: _____

Address: _____

Cell/Home Phone: _____ Work Phone: _____

1. Relationship to the problem is (Describe your interest as a parent, teacher, administrator, agency employee or student):

2. My concern is:

3. I have taken the following steps to inform the local education officials about the problem (Phone calls, conferences, letters, etc.; When and with whom?)

Request for action:

The foregoing statements are true to the best of my knowledge. I request the Victor Valley Union High School District conduct an investigation to resolve the issue(s) identified.

Signature

Date