



General Complaint

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

If you need help completing this form, please call 916-294-9000.

Date Received by District

Today's Date

Name of Person Filing
Complaint

School/District Site

Address

Phone

Email Address

I am a (check one): Student Employee Parent Other _____

I have concerns regarding the following employee, program, or activity: _____.

COMPLAINT: Please provide a brief but specific summary of your concerns and the facts surrounding it. Please include dates and names of witnesses, when possible.

(If you need additional space, please attach a separate sheet of paper to this Complaint form.)

REMEDY REQUESTED: What is the requested remedy or proposed resolution to your concerns?

By signing below, I confirm that this Complaint and any attachments are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Please submit this form to your site administrator/supervisor.

If the Complaint is against your site administrator/supervisor, please submit this form to the Compliance Department at: 1965 Birkmont Drive, Rancho Cordova, CA 95742, or via email to sdiaz@fcusd.org, or by fax to (916) 294-9021.