HAMILTON UNIFIED
SCHOOL DISTRICT

620 Canal Street
P.O. Box 488, Hamilton City, CA 95951
TEL 530-826-3261

CITIZEN'S COMPLAINT FORM

Name of Complainant: _____

Address: _____

Phone No.: Home_____Work_____

Cell_____

TYPE OF COMPLAINT (Circle One)

School/District Programs Personnel Other

The date of the event or circumstances upon which this complaint is based:

_____

_____

_____

The facts upon which this complaint is based are as follows: (attach additional sheets, if necessary)

_____

_____

_____

I request that this complaint be resolved as follows:

_____

_____

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the foregoing is true and correct. This Declaration was executed on _____at_____, California.

_____ _____

(Signature of Complainant) **(Please Print Name)**

BOARD OF TRUSTEES
Hubert "Wendell" Lower President | Rod Boone, Clerk
Gabriel Leal, Trustee | Ray Odom, Trustee | Vanessa Ortiz, Trustee