Uniform Complaint Form

Sonoma County Office of Education

Instructions: Please complete this form and return it to SCOE, 5340 Skylane Blvd., Santa Rosa, CA 95403. 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 de	ocumentation)	
Witnesses (if applicable):			
Name:	Title:	Phone:	
Name:	Title:	Phone:	
Name:	Title:	Phone:	
Policy or law violated:			
Action taken (if any) to reso	olve complaint informally:		
Desired remedy/resolution	:		
Signature:		Date:	

ADM 1312.03 January 2001