



For District Use Only

Received By: _____

Date: _____

Parent Complaint Form

School: _____

Name of Employee: _____

Have you discussed your complaint with the school employee directly concerned? _____

Date of discussion: _____ Result of discussion: _____

Briefly explain your complaint and when the problem/incident occurred. (Use other side if necessary)

Name of Person Filing Complaint	Signature	Date
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Submit Complaint Form to: Happy Valley District Office
16300 Cloverdale Road
Anderson, CA 96007