E 5145.7

Approved: 1/23/01

Page 1 of 2



## Stockton Unified School District Uniform Complaint Form

(First Name/MI)  (State)  (Message/Work Phone) ( )	(ZIP)	
•	(ZIP)	
•	(ZIP)	
(Message/Work Phone) ( )		
Date of Event Leading to Complaint:		
My Complaint is Against: (Name of Person(s) or Agency/Unit)		
(Please check the box next to the program you are complaining about)		
Olidated Categorical Aid Programs Care and Development Programs al Education Programs (please specify)	Migrant Education	
(Please explain the nature of your complaint. Please print or type. Please give detailed information such as dates, times, places, types of complaint and if there were any witnesses. Use the reverse of this form and additional sheets if necessary.)		
	plaining about)  Didated Categorical Aid Programs Care and Development Programs al Education Programs (please specify)  Tint or type. Please give detailed information su	

E 5145.7 Approved: 1/23/01 Page 2 of 2

	(T)
(Signature of Complainant):	(Date):
(Received By):	(Date):