

**COMPLAINT FORM**

**Name of Complainant:**

\_\_\_\_\_

(Last)

(First)

\*Address:

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

(Zip)

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

\*Note: The information contained in this box will remain confidential.

**Name of Person who Complaint is against:**

\_\_\_\_\_

(Last)

(First)

(MI)

Address (may be employment):

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

(Zip)

County Office of Education: \_\_\_\_\_

Employing School District Name: \_\_\_\_\_

Employing School: \_\_\_\_\_

Position & Title: \_\_\_\_\_

**IT IS ESSENTIAL THAT YOU RETURN THIS FORM TO:**

California Commission on Teacher Credentialing  
Division of Professional Practices  
1900 Capitol Avenue  
Sacramento, CA 95811  
Rosalinda Lara (916) 322-8343

AFFIDAVIT of: \_\_\_\_\_

I, \_\_\_\_\_ declare I have personal knowledge of the acts of misconduct by  
\_\_\_\_\_.

I certify under penalty of perjury of the laws of California that I have read the foregoing statement of facts and know its contents, and that it is true and correct.

Date: \_\_\_\_\_  
Signature of Complainant

Name of the person who prepared this affidavit, if other than complainant:

I wrote the above statement because the complainant is unable to communicate this information in writing. I have read the contents to him/her and he/she has affirmed that the statement is true and correct. I certify under penalty of perjury that the above is true and correct to the best of my knowledge.

Date: \_\_\_\_\_  
Parent/Guardian Signature