

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
Dominick Conde (916) 324-5678

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