

PERRIS ELEMENTARY SCHOOL DISTRICT

143 EAST FIRST STREET

PERRIS, CA 92570

UNIFORM COMPLAINT FORM

Name: _____ Telephone #: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Please identify the State or Federal program to which the allegation applies:

<input type="checkbox"/> Consolidated Categorical Aide	<input type="checkbox"/> Special Education	<input type="checkbox"/> Williams Act
<input type="checkbox"/> Child Care & Development	<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Bullying
<input type="checkbox"/> Migrant Education	<input type="checkbox"/> Civil Rights	

COMPLAINT

Write a brief, but specific, summary of the complaint. Attach a signed, separate sheet of paper if necessary.

I CERTIFY THAT THE ABOVE COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Complainant: _____ Date: _____

File form with: **Assistant Superintendent, Educational Services
Perris Elementary School District
143 East First Street
Perris, CA 92570**