Last Name		First Na	me		
Student Name (if applicable)			Grade	Date of Birt	th
Address				Ар	t#
City		State _		Zip Code _	
Home Phone	Cell Phone		W	ork Phone _	
Email Address					

Date of Alleged Violation

If you have contacted your school and the S resources, please contact the Assistant Sup			
Please give the facts about your complaint. whether witnesses were present, etc, that			
Have you attempted to discuss your compleso, with whom and what was the result?	aint with any	Santa Clara Coui	nty Office of Education personnel? If
Please provide copies of any written docum	nents that ma	ay be relevant or	supportive of your complaint.
I have attached supporting documents.	Yes	No	
Signature		Date	
Mail, fax or email your complaint/0 0 612 9	y 2 reW*nBT/T	T0 12 Tf36 261.1	7d e9 () 261.13 261.1datate