



Fenton Charter Public Schools
11828 Gain Street Lake View Terrace, CA 91342
(818) 896-7482

(To be submitted to the Executive Director)

GENERAL COMPLAINT FORM

Your Name: _____ Date: _____

Date of Alleged Incident(s), if applicable: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (e.g., specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation, etc.). (Attach additional pages, if needed.):

I hereby authorize Fenton Charter Public Schools to disclose the information I have provided as it finds necessary in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief. I further understand that providing false information in this regard could result in disciplinary action up to and including termination.

_____ Date: _____
Signature of Complainant

To be completed by the Charter School:

Received by: _____ Date: _____