

Uniform Complaint Form

Marin County Office of Education

Instructions: Please complete this form and return it to MCOE, 1111 Las Gallinas Ave., San Rafael, CA 94903. Your complaint will be investigated by the appropriate administrator and a response will be provided.

Name of complainant: _____ Phone: _____

Best time to contact: _____

Please describe complaint: (You may attach additional sheets or documentation)

Witnesses (if applicable):

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Policy or law violated:

Action taken (if any) to resolve complaint informally:

Desired remedy/resolution:

Signature: _____ Date: _____