

## COMPLAINT FORM

**Name of Complainant:**

\_\_\_\_\_  
(Last) (First)

**\*Address:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

\*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  
651 Bannon Street, Suite 602  
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 its contents, and that it is true and correct.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT