

School of Unlimited Learning
Student/Parent/Guardian Complaint Form

Date: _____

I/We wish to file the following complaint _____

The date of occurrence which caused me/us to register the complaint was: _____

The remedy that I seek in this complaint is _____

I/We have read a copy of the complaint procedure and understand the procedure to be utilized.

I/We certify under penalty of perjury that the foregoing is true and correct.

Printed Name: _____

Signature(s): _____

Address: _____

Telephone: _____

E 1312.1
E 1312.3