Merced County Regional Occupational Program
632 W. 13th Street
Merced, CA 95341
Holly Newlon, Assistant Superintendent

COMPLAINANT FORM

To: _____ Date: _____
(Instructor's Name)

From: _____ Class: _____
(Student's Name) (Class Name)

Nature of Complaint: This should be a description, in your own words, of the grounds for your complaint, including all names, dates, and places necessary for a complete understanding of your complaint.

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I certify that the above statement is true and correct.

Signature: _____ Date: _____