



Complaint form

Last Name _____ First Name _____

Date of Alleged Incident _____ Where did the incident occur? _____

Individuals involved in complaint _____

Please describe the events or conduct that are the basis of your complaint. Provide factual details possible such as (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation.

I hereby authorize Lashon Academy 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 providing false information in this regard could result in disciplinary action up to and including termination.

Signature _____ Date _____

Mail, E-Mail or hand-deliver your complaint/documents to:

Sara Garcia, Principal
7477 Kester Ave
Van Nuys CA 91405
sgarcia@lashonacademy.org