



COTATI-ROHNERT PARK
UNIFIED SCHOOL DISTRICT
Learning for a Lifetime – Committed to the Future

CONFIDENTIAL

UNIFORM INCIDENT / COMPLAINT FORM

Date: _____

Name: _____

Email: _____

Address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

1) Type of Incident / Complaint:

2) Date, Time and Location of Incident or Complaint:

3) Name of Person(s) Involved:

4) Name of Witness(es):

5) Description of prior attempt to resolve complaint with the person, if any: (attach additional paper if needed)

6) Desired resolution to incident or complaint: (attach additional paper if needed)

Submit this form to the following:

Dr. M. Jamal Fields, Ed.L.D.
Cotati-Rohnert Park Unified School District
Education Services Department
Rohnert Park, CA 94928
ucp@crpusd.org

AR 1312.3
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