



List any **witnesses** to the incident(s):

---

---

---

What **steps**, if any, have you taken to resolve this issue before filing a complaint?

---

---

---

---

---

---

**Signature of Person Filing Complaint**

**Date**

**Please submit this complaint to:**

Agape Schools, Central Office

1313 P St.

Fresno, Ca 93721

Ph: 559-486-1166 or Fax: 559-486-1199