UPLAND UNIFIED SCHOOL DISTRICT

PUBLIC COMPLAINT REGARDING DISTRICT PERSONNEL OR PROGRAM

TO:	Upland Unified School District Attn: Assistant Superintendent – Human Resources 390 N. Euclid Avenue Upland, CA 91786
FROM:	Name
	Address
	Telephone No.
	Cell/Message No.
SUBJECT	: Complaint Against (name of individual or program)
names, da	complaint (describe in your own words the grounds of your complaint, including all ates and places necessary for a complete understanding of your complaint). Use space if necessary.

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Have you discussed the complaint with the employee or student(s) or the immediate

supervisor if applicable?
Yes No No
Give dates and name(s) of persons to whom you have spoken.
If applicable, state the result of your discussion with the immediate supervisor.
Other comments, if any.
(If necessary, attach additional pages of your own)
I understand that the District administration or the Board of Trustees may request further information regarding the complaint and, if such information is available, I shall present it.
I also understand that a copy of this complaint will be provided to the employee or student, against whom this complaint is being made, if applicable.
I declare under penalty of perjury that the foregoing is true and correct.
Executed thisday of, 20,
at, California.
Signed:
Witnessed by:
Date:
cc: Respondent Complainant Immediate Supervisor (If applicable)