

Complaint Form

TITLE: Complaint by a Parent or a Guardian of Pupil Regarding District Employee

To the Secretary of the Governing Board of the Sutter Union High School District.
District Office: 2665 Acacia Street, Sutter, CA 95982

Name of Complainant: _____

Complainant's Address: _____

Complainant's Telephone Number: _____
(home) (work)

1. The Complainant is the (parent)(guardian) of _____
a pupil enrolled at Sutter Union High School.

2. The name of the District employee against whom this complaint is made is _____
who is employed at the following locations: _____

3. The date of the event or circumstances upon which this complaint is based is: _____

4. The facts upon which this complaint is based are as follows: _____

Attach additional sheets if necessary

5. I request that this complaint shall be resolved as follows: _____

6. I have received a copy of *Board Policy 4151, Complaints by Parents or Guardians of Pupil(s) Regarding District Employees*. I have read, and I understand, the provisions of Board Policy 4151.

Declaration Under Penalty of Perjury

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the day of _____, 20____, at _____, CA.

Signature of Complainant

Typed or Printed Name of Complainant

Reviewed /Approved: July 14, 2015, Board Policy 1312.1
Reviewed/Approved: June 28, 2016 Board Policy 1312.1
Reviewed /Approved: June 27, 2017, Board Policy 1312.1
Reviewed/Approved: June 26, 2018, Board Policy 1312.1
Reviewed/Approved: June 25, 2019, Board Policy 1312.1