

GENERAL (UCP) COMPLAINT FORM

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

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

Attach additional copies if necessary

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

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 Sutter, CA.

Signature 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
Reviewed/Approved: June 23, 2020, Board Policy 1312.1
Reviewed/Approved June 22, 2021, Board Policy 1312.1