



Pasadena Unified School District  
 351 S. Hudson Ave.  
 Pasadena, CA 91109

FOR OFFICE USE ONLY
Date received:
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Mailed to:
Date Mailed:
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Response Due:

## UNIFORM COMPLAINT FORM

Please complete the following form if there is a complaint or charge against any school site, program, office or school district employee. Submit this complaint form to the Director of Human Resources, 351 S. Hudson Ave. Pasadena, CA 91109; Telephone (626) 396-3600 Ext. 88777 for assistance with completing the form. The district will issue a written decision within 60 days.

TO: Director, Human Resources  
 351 S. Hudson Ave. Rm 116  
 Pasadena, CA 91109

FROM: \_\_\_\_\_

Name(s)

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone number(s)

E-mail address

Name of school, program or office or name of employee and job location against whom charge or complaint was directed:

\_\_\_\_\_

\*A copy of the written complaint against an employee will be provided to the employee, except for sexual harassment and discrimination complaints.

Nature of complaint (attach additional pages if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please place a check next to the kind of complaint you are presenting:

- Adult Education
- After School Education and Safety
- Career Technical Education
- Childcare and Development Programs including state preschool
- Consolidated Categorical Programs
- Discrimination, Harassment, Intimidation, and Bullying
- Foster and Homeless Youth
- Local Control Funding Formula and Local Control Accountability Plans
- NCLB Titles I-VII
- Nutrition Services – USDA Civil Rights
- Regional Occupational Centers and Programs
- School Facilities
- Special Education
- Tobacco-Use Prevention Education Program
- Unlawful Pupil Fees

Has charge or complaint been discussed with the school principal, employee or his/her supervisor?  Yes  No

To whom have you spoken? (please write name(s) and indicate the date when the conversation took place)				
Please "√" if appropriate	Department/Program/ School site	Position	Name	Date
		District Office Administrator/Staff		
		Principal		
		Assistant Principal		
		Counselor		
		Teacher		
		Supervisor		
		Staff member		

What was the result of the discussion?

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If you desire a remedy or wish the District to take a particular course of action, please specify:

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***I understand that the District will maintain this information confidential, to the extent provided by law or collective bargaining agreement; that I will be protected from retaliation of filing this complaint; that the District may request further information about this matter; and if such information is available, I agree to present it upon request.***

***I believe that the foregoing is true and correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date