

PASADENA UNIFIED SCHOOL DISTRICT

PUBLIC COMPLAINT REGARDING DISTRICT PERSONNEL OR PROGRAM

TO: Pasadena Unified School District Attn:
Director, Human Resources
351 S. Hudson Avenue
Pasadena, CA 91101

FROM: Name

Address

Telephone No.

Cell/Message No.

SUBJECT: Complaint Against *(name of individual or program)*

Nature of complaint *(describe in your own words the grounds of your complaint, including all names, dates and places necessary for a complete understanding of your complaint). Use additional space if necessary.*

PASADENA UNIFIED SCHOOL DISTRICT

Have you discussed the complaint with the employee or student(s) or the immediate supervisor if applicable?

Yes ☐ 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 this _____ day of _____, 20____,

at _____, California.

Signed: _____

Witnessed by:

_____ Date: _____

cc: Respondent
Complainant
Immediate Supervisor (If applicable)