

## SHASTA UNION HIGH SCHOOL DISTRICT COMPLAINT FORM

Name of Complainant:First	 Last	Date:	
Address of Complainant:Street	City	State Zip	
Phone: ( ) Work: (	_) Email: _		
This complaint is about the following Shasta Union High School District employee(s):			
School Site:			
Date of incident: Time of incident:_	Location of incide	nt:	
Student's name (if involved):			
Witness(es):			
State in your own words what occurred. Pl	lease be specific and compl	ete.	

2. Please describe your attempt to resolve the matter.

3.	Please describe your attempt to meet with a supervisor/administrator and the failure to resolve the matter.
4.	If you are submitting this form to the Office of the Superintendent, please describe your attempt to meet with the employee(s)' supervisor and/or Principal and the failure to resolve the matter.
5.	Describe the outcome or remedy you seek for this complaint:
Ιh	ereby certify that this information is complete and accurate to the best of my recollection.
	Complainant's Signature Date

Please complete this form and return it to the employee's supervisor.

Attach to this form any documents you believe will support the complaint.

Keep a copy of the completed form and any supporting documentation for your records.