

2340 Pepper Street
Sutter, California 95982

To: _____

Name: _____

Address: _____

Telephone: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Have your concerns been discussed with the employee named in the complaint, a supervisor or an administrator? _____

To whom have you spoken? Name(s): _____

When? Date(s): _____

What was the result of the discussion?

I understand that the District may request further information from me about this complaint; and if such information is available, I will present it upon request.

I also understand that the District will respond, in writing, and I will receive a copy of that response. If the District holds a hearing regarding my complaint, it will be held in Closed Session, with the press and public excluded; and I will be informed of the time, date and place of the hearing.

I certify under penalty of perjury that the foregoing is true and correct.

Date:

Signatures:

Date Complaint Form was Adopted by the Board: 5/10/2005

Date Complaint Form was Revised by the Board: 12/8/09