

UNIFORM COMPLAINT PROCEDURES

District
 Employee
 Adult Education
 Child Nutrition
 Consolidated Categorical
 Other: _____

Migrant
 Gender/Equity/Title IX
 Special Education
 Vocational Education
 Civil Rights/Non Discrimination

To: District Superintendent
 Lemoore Union High School District
 5 Powell Ave, Lemoore, CA 93245

From: Name: _____ Phone: _____

Address: _____

Subject: Complaint against (Name) _____

Nature of the 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. (Attach additional pages if necessary.):

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 person(s) to whom you have spoken (attach additional sheet if necessary.):

If applicable, state the result of the discussion with the immediate supervisor. (Attach additional pages if necessary.):

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Other comments, if any: (Attach additional pages if necessary.):

Remedy sought. (Attach additional pages if necessary):

I understand that the site administrator, Superintendent, Assistant Superintendent, Human Resources or Governing Board may request from me, further information about the complaint and, if such information is available, I shall present it upon request.

I also understand that a copy of this complaint will be given to the employee or student against whom this complaint is being made.

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

Executed this _____ day of _____, 20____ at _____, California.

Signed: _____

FOR THE SPANISH VERSION OF THIS EXHIBIT, PLEASE SEE DISTRICT MATERIAL AT THE DISTRICT OFFICE.