



Rialto Unified School District
182 E. Walnut Avenue
Rialto, CA 92376

COMPLAINT STATEMENT

Who is filing the complaint: Parent Citizen Employee

Name: _____ Telephone Number: _____
(Please Print)

Address: _____ Date of Alleged Incident: _____

City/Zip: _____ Location of Alleged Incident: _____

Statement of Complaint: (Specify dates, facts and nature of complaint):

[Empty box for Statement of Complaint]

Remedy requested by the Complainant:

[Empty box for Remedy requested by the Complainant]

I have read the above statement and declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ of _____, _____ at _____, _____, CA
(Day) (Month) (Year) (City) (County)

Complainant's Signature

Complaint Received By

Submit completed form to Principal or Site Supervisor

Additional information:

