



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

**COMPLAINT STATEMENT**

Who is filing the complaint:  Parent  Citizen  Employee

Name: \_\_\_\_\_  
(Please Print)

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Location of Alleged Incident: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, CA  
(Day) (Month) (City) (County)

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Complaint Received By

Submit completed form to Principal or Site Supervisor