



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