



Pasadena Unified School District
351 S. Hudson Ave.
Pasadena, CA 91109

Table with 1 column and 6 rows: FOR OFFICE USE ONLY, Date received:, Received by:, Log No.:, Mailed to:, Date Mailed:, Copy filed by:, Response Due:

Complaint of Uncivil Treatment
(For use by parents and members of the Public)

Community Relations
Civility Policy

E-1 1313

Please use this form to report uncivil treatment only.
Complaint or charge against any school site, program, office or school district employee, should be submitted in accordance with the
District Uniform Complaint Procedures (available in the Office of the Human Resources at: 351 S. Hudson Ave. Pasadena, CA 91109;
Telephone (626) 396-3600 Ext. 88777. Or go to http://www.pusd.us

Today's DATE: _____ Date and time (approximate) of the incident _____

FROM: _____
Name(s)
Address
Telephone number(s) E-mail address

Please identify yourself (Check one): ___ Parent ___ Member of the public ___ Other (please specify) _____

Name of the person against whom this complaint is made: _____

Location/Site of the person: _____ Position of the person (if known): _____

Did you complaint to the supervisor or school principal? _____ Yes _____ No

Please describe what happened. If you need additional space, please feel free to add more page(s):

Signature

Date

Please submit this form to the supervisor and/or principal or to: Director of Human Resources (address & phone listed above)



Pasadena Unified School District
351 S. Hudson Ave.
Pasadena, CA 91109

Table with 1 column and 7 rows for office use only, including fields for Date received, Received by, Log No., Mailed to, Date Mailed, Copy filed by, and Response Due.

Complaint of Uncivil Treatment
(For use by District employees)

Community Relations
Civility Policy

E-2 1313

Please use this form to report uncivil treatment only.
Complaint or charge against any school site, program, office or school district employee, should be submitted in accordance with the District Uniform Complaint Procedures...

Name of the person making this report: _____

Address

Telephone number(s) E-mail address

Today's Date:: _____ Date and time (approximate) of the incident _____

Name of the person against whom this complaint is made: _____

Location of the incident (office, classroom, hallways, etc.) Site of the person: _____

Name of the person that you are reporting (if known) _____

Is this person: _____ a parent/guardian? _____ a relative to a student at PUSD? _____ a student at PUSD?

Do you feel your well-being/safety was threatened: _____ Yes _____ No

Were there any witnesses to this incident? _____ Yes _____ No

Names of the witness: _____

Did you notify your supervisor or school principal? _____ Yes _____ No

Please describe what happened. If you need additional space, please feel free to add more page(s):

Multiple horizontal lines for describing the incident.

Signature

Date

Please submit this form to the supervisor and/or principal or to: Director of Human Resources (address & phone listed above)