

New Haven Unified School District

UNION CITY • SOUTH HAYWARD • (510) 471-1100
34200 ALVARADO-NILES ROAD • UNION CITY • CA 94587



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SUPERINTENDENT

Dr. Arlando Smith

TO: Arlando Smith, Superintendent

FROM: Name _____ Cell Home Work _____

Cell Home Work _____

Address: _____

1. Please state as clearly as possible your concern or complaint. Use a separate form for each concern/complaint.

(attach additional pages if necessary)

2. Please state your specific request for action to resolve the problem.

Signature of person(s) filing complaint

Date

CHECK ONE: RESPONSE REQUESTED
 THIS IS FOR YOUR INFORMATION ONLY. NO RESPONSE IS NECESSARY.

This complaint procedure has been established pursuant to NHUSD Policy #1360 and #4114.
A response will be made to the originator (if requested) within fifteen (15) working days.