

# 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. John Thompson

TO:     Dr. John Thompson, 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.