## New Haven Unified School District

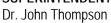
34200 ALVARADO-NILES ROAD • UNION CITY • CA 94587

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TO:	Dr. Joh	nn Thompson, Superintendent	
FROM:	Name		
		□Cell □Home □Work	
Addres	s:		
1.		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.	
	Signatu	ure of person(s) filing complaint  Date	
CHECK	ONE:	☐ RESPONSE REQUESTED ☐ THIS IS FOR YOUR INFORMATION ONLY. NO RESPONSE IS NECESSARY.	
A respo	nse will	procedure has been established pursuant to NHUSD Policy #1360 and #4114. be made to the originator (if requested) within fifteen (15) working days.	
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Dept. FAX Numbers | Superintendent (510) 487-1200 | Instruction & Special Education (510) 471-0262 Personnel (510) 475-3905 | Business (510) 477-9182 | Centralized Enrollment (510) 441-1926