



HUMAN RESOURCES
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Ricardo Cabrera
District Uniform Complaint Officer
Associate Superintendent of Human Resources

UNIFORM COMPLAINT FORM

Complaint Contact Information (Complainant)

Name of Person/Organization (Complainant):		Date and Time Complaint Submitted:	
		Date: _____	
		Time: _____	
Relationship to the Student—Check One:			
<input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Parent’s Attorney <input type="checkbox"/> School District/State Agency Representative <input type="checkbox"/> Other Please specify _____			
Mailing Address of Complainant:		Telephone:	
		Day: _____	
		Work: _____	
		Evening: _____	
What is the best time to contact you (the complainant) and at what number?			
Date and time of occurrence resulting in complaint:			
Location related to concern: (School Name, Address, and Room Number or Location):			

