

COMPLAINT AGAINST EMPLOYEE
LEVEL I

Complainant's Name: _____
Last First Middle

Address: _____

Home Phone: _____ Work Phone: _____

Nature of Complaint: Give the names of all persons involved, any witnesses, the date and time of the incident(s), and any information helpful to the investigation. Attach all written documents.

Remedy Sought: Please indicate what remedy you are seeking to resolve your complaint.

I (we) certify under penalty of perjury that the foregoing is true and correct.

Complainant's Signature: _____ Date: _____

Return this form to: The Assistant Superintendent, Human Resources.

Received By: _____ Date: _____

COMPLAINT AGAINST EMPLOYEE
LEVEL II

Complainant's Name: _____
Last First Middle

Address: _____

Home Phone: _____ Work Phone: _____

Reason for Appeal to Level II: Identify the specific reasons the Level I decision is not responsive to your complaint and provide any new and relevant information that was not investigated in Level I.

Remedy Sought: Please indicate what remedy you are seeking to resolve your complaint.

I (we) certify under penalty of perjury that the foregoing is true and correct.

Complainant's Signature: _____ Date: _____

Return this form to: The Assistant Superintendent, Human Resources.

Received By: _____ Date: _____

COMPLAINT AGAINST EMPLOYEE
LEVEL III

Complainant's Name: _____
Last First Middle

Address: _____

Home Phone: _____ Work Phone: _____

Reason for Appeal to Level III: Identify the specific reasons the Level II decision is not responsive to your complaint and provide any new and relevant information that was not investigated in Level II.

Remedy Sought: Please indicate what remedy you are seeking to resolve your complaint.

I (we) certify under penalty of perjury that the foregoing is true and correct.

Complainant's Signature: _____ Date: _____

Return this form to: The Assistant Superintendent, Human Resources.

Received By: _____ Date: _____