

## Lawndale Elementary School District

### ***Human Resources Department***

4161 West 147th St., Lawndale, CA 90260

(310) 973-1300 | (323) 680-4991(Fax)

<https://www.lawndalesd.net>

## **COMPLAINT CONCERNING DISCRIMINATION IN EMPLOYMENT**

*After reading the Board Policy 4030 and Administrative Regulation 4030, please complete this form and submit to the Assistant Superintendent, Human Resources Division.*

Name of Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

If you are an employee, state your current job title:

\_\_\_\_\_

If you are a job applicant, state the job for which you are applying:

\_\_\_\_\_

Name(s) of the person(s) against whom the complaint is being made:

\_\_\_\_\_

\_\_\_\_\_

Provide a brief but specific summary of the complaint and the facts surrounding it. Include the date(s), place(s), witness(es), and any evidence of the alleged act(s). Please attach additional pages if necessary.

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What resolution or corrective action(s) are you requesting?

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Date complaint submitted: \_\_\_\_\_

Signature of complainant: \_\_\_\_\_

*(To be completed by the recipient of this complaint form.)*

Complaint Received By: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**PLEASE SCAN TO THE ASSISTANT SUPERINTENDENT, HUMAN RESOURCES  
DIVISION WITHIN ONE WORK DAY OF RECEIVING THIS COMPLAINT.**