

## 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 DISTRICT EMPLOYEES**

*After reading the Board Policy 1312.1 and Administrative Regulation 1312.1, please complete this form and submit to the Principal or the appropriate supervisor. Please contact the Human Resources Division if you have any questions.*

Name of complainant: \_\_\_\_\_

Location at which incident occurred: \_\_\_\_\_

If you are an employee, state your job title: \_\_\_\_\_

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

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

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

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

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Are you filing the complaint on behalf of someone else? If so, specify for whom you are filing this complaint and your relation to them.

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

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If you made a prior attempt to discuss the complaint with the employee, but failed to resolve the matter, please list the date, time, and location of the attempt, and list any witnesses who were present at the meeting.

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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.**