Burbank Unified School District - Human Resources Department

EMPLOYEE COMPLAINT FORM

(To be Filled Out by a BUSD Employee)

Please submit this form to: **Assistant Superintendent of Human Resources**
Burbank Unified School District
1900 Olive Avenue, Burbank, CA 91506

PLEASE NOTE IF YOU WANT TO FILE A GRIEVANCE.
Filing of a "complaint" is not the same as filing a grievance.

If you are a certificated or classified employee, you should review the grievance procedure contained in your respective collective bargaining agreement. The classified and certificated collective bargaining agreements contain detailed procedure on the grievance process and indicate the timing for which a grievance must be filed or be waived by the failure to file the grievance in a timely manner. The filing of a "complaint" does not suspend the time to file a grievance.

PLEASE PRINT AND COMPLETE ALL SECTIONS OF THIS FORM

Name: _____ Date: _____

Address: _____
Number *Street* *Apt. #* *City* *State* *Zip Code*

Email Address: _____ Home Phone: _____ Other Phone: _____

I Am A (Please Check One): ☐ Student ☐ Employee ☐ Parent ☐ Other: _____

SECTION 1

I WISH TO COMPLAIN AGAINST:

Name of person(s), program, or activity: _____

Location, School, or Address: _____

If complaint is against an employee, what is the employee's position: _____

SECTION 2

I WISH TO COMPLAIN ABOUT THE FOLLOWING:

Date(s) of conduct which gave rise to this complaint: _____

Please describe the incident(s): _____

_____

_____

_____

_____

_____

_____

_____

Attach additional page(s) if necessary.

CONTINUE TO NEXT PAGE

SECTION 3

Location (s) where conduct which gave rise to this complaint occurred: _____

_____

_____

SECTION 4

Name(s) of persons whom I have spoken with about the conduct giving rise to this complaint: _____

_____

_____

SECTION 5

THE FOLLOWING INDIVIDUAL(S) MAY PROVIDE PERTINENT INFORMATION: Please provide names and contact information for any witnesses who could provide additional information regarding this complaint:

Witness 1: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Witness 2: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Witness 3: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Witness 4: _____

First Name Last Name Phone Number Email

_____

Street Address APT. # City State Zip Code

Attach additional page(s) if necessary.

SECTION 6

What would you like to see happen in response to this complaint? What do you think would be an appropriate remedy or resolution?

Please explain: _____

_____

SECTION 7

DECLARATION UNDER PENALTY OF PERJURY

I understand that the site administrator, Superintendent/Assistant Superintendent, Human Resources, or Board of Education may request from me further information about the complaint and, if such information is available, I shall present it upon request. I also understand that a copy of this complaint will be given to the employee or student against whom this complaint is being made. I certify under penalty of perjury that the foregoing and any attachments are true and correct.

SIGNATURE OF COMPLAINANT _____ DATE: _____