Lake Tahoe Unified School District

COMPLAINTS CONCERNING DISTRICT EMPLOYEES

BP/AR 1312.1

District Office Use
Complaint #_____
Date:_____
Received by:
_____

This form serves the purpose of recording and initiating a formal complaint procedure concerning district employees.

Lake Tahoe Unified School District is committed to providing a process by which a complaint submitted by any person regarding an employee can be resolved impartially, expeditiously and with minimal disruption to district operations and the educational program. Any person who complains about a district employee is encouraged to resolve the matter informally through direct communication with the employee whenever possible.

Name of Complainant:_____ Date:_____

Mailing
Address:_____

Phone:_____ Email:_____

A written complaint shall include the following:
(May attach additional pages as needed)

1. Full name of the district employee(s) who the complaint is against:_____
   _____
2. Incident date:_____ Location:_____
3. Witnesses (if any):_____
4. A brief but specific summary of the complaint and the facts surrounding it:_____
   _____
   _____
5. Description of any prior attempt to discuss the complaint with the employee and failure to resolve the matter:_____
   _____
   _____
6. State the resolution or action(s) you are seeking to resolve this complaint:_____
   _____
   _____

A copy of the Level I complaint form will be given to the employee, to allow the employee to respond to the complaint.

I declare under penalty of perjury under the laws of the State of California, that I have made true, correct and complete answers and statements on this complaint form and/or any attachments to this complaint form.

_____ _____
Signature Date

Complaint shall be submitted to the Human Resources Department