



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 the Director of Human Resources, John Simons