

SANTA CLARA UNIFIED SCHOOL DISTRICT  
COMPLAINT CONCERNING EMPLOYEE FORM

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SCUSD BOARD POLICY 1312.1

Full Name:	
Home Address:	
Telephone:	
E-Mail:	

School Site Staff Member(s) Involved:
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NATURE OF COMPLAINT: (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint. (Attach additional sheets if necessary.)


Please provide any proposed resolutions.


Please provide a signature below. All complaints should be dated.

Signature(s)	Date:	
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FOR DISTRICT USE ONLY:

Date complaint received: \_\_\_\_\_

District staff member who received complaint: \_\_\_\_\_

Date complaint forwarded to Complaint Officer: \_\_\_\_\_

Name of Complaint Officer: \_\_\_\_\_