

San Lorenzo Valley Unified School District

E 1312.1

COMPLAINTS CONCERNING DISTRICT EMPLOYEES

**Please Direct to: Office of Superintendent
San Lorenzo Valley USD
325 Marion Avenue
Ben Lomond, CA 95005**

FOR OFFICE USE ONLY:	
_____	Date Received
_____	Date Complainant Contacted
_____	Date Complainant Notified of Resolution

DATE: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

SCHOOL/PROGRAM: _____

In the space provided below, please indicate the nature of the problem. Please be as specific as possible (e.g., who was involved, what was allegedly said or done, when the problem occurred, the circumstances which led up to the problem.)

Have you discussed the problem with a staff member or administrator? If so, what was the outcome of your discussion?

Indicate below your recommendations for resolving the problem.