



Paramount Unified School District

Complaint Against Employees BP 1312.1

Last Name _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Message/Work Phone: (____) _____

Name of Employee/Person Who Your Complaint is Regarding: _____

School/Work site _____ Position _____

Has the Complaint Been Discussed With the Employee/Person? (____) Yes (____) No

Date(s): _____

If Not, Please Explain:

Description of Complaint: Please include all relevant information, such as name(s), date(s), location(s), who was present, the name of the Employee's supervisor with whom you spoke to resolve the matter. Please be specific, and use additional paper if necessary:

What remedy/action would you like to see taken to resolve your complaint?

*** FOR DISTRICT STAFF USE ONLY ***

Received By: _____ Date Received By District: _____