



Describe prior attempts to discuss/resolve this matter with district employee(s):

What desired outcome are you seeking to resolve this matter?

I do hereby affirm that the above information provided by me is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Return this form and any other documents that may be relevant or supportive of your complaint to the following location:

**Assistant Superintendent of Personnel
c/o Cambrian School District
4115 Jacksol Drive
San Jose, CA 95124
408-377-2103**

For District Office Use:

Request received by: _____ Date: _____