

# Complaint Concerning District Employee(s)

Board Policy and Procedure 4144



CAMBRIAN SCHOOL DISTRICT

4115 Jacksol Drive • San Jose, CA 95124 • (408) 377-2103 • (408) 377-5944 (fax)

In order to promote prompt and fair resolution, every effort should be made to resolve a concern at the earliest possible stage and starting at the school site level.

Name of Complainant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Employee(s) and other (students, etc.) Involved in this incident:

(Name)	(Position/Grade)	(Work/School Site)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The complainant is hereby informed that the District will share the information on this complaint form with the employee(s) involved and, to the extent necessary, with the appropriate persons who must be contract in order to investigate the claim. Therefore, please be apprised that any statements made by the complainant which are knowingly false, might be considered as actionable as defamation against those against whom the false statement were made.

**1. List the alleged violation, misapplication, or misinterpretation of Board Policy, Board Administrative Procedure or Californian Education code:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Describe the problem/issue: Use other side if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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**4. What action are you seeking to resolve this matter:**

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Return this form to the following location:

**Cambrian School District  
 4115 Jacksol Drive  
 San Jose, CA 95124  
 408-377-2103**

**For District Office Use:**

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_