

PLEASANTON UNIFIED SCHOOL DISTRICT COMPLAINT APPEAL FORM

DIRECTIONS: This form is to be used to appeal a decision regarding a complaint about an employee of the school district. It must be submitted after receiving the decision of the principal or supervisor. Attach a copy of the decision(s).

Submit the appeal form to the Assistant Superintendent, Human Resources, 4665 Bernal Avenue, Pleasanton, California 94566-7498

Date you received the decision from the principal or supervisor: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Student name (if applicable): _____ Grade: _____

School name (if applicable): _____

Name of employee about whom the complaint is being made:

Aspects of the decision you want to appeal:

Provide supporting rationale for your appeal:

Specific remedy sought:

I declare and under penalty of perjury under the laws of the State of California, that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint form.

Signature

Date

Received by

Date