

PLEASANTON UNIFIED SCHOOL DISTRICT
LEVEL I COMPLAINT FORM (Regulation 1330)
(Programs, Activities, Services, Personnel Practices)

DIRECTIONS: This form is to be used only after the informal resolution meeting between the complainant and the supervisor of the program, activity, service, personnel practice, or employee, against which the complaint is being made, has failed to resolve the issue. Complaints alleging a deficiency related to instructional materials, teacher vacancy or misassignment, or emergency or urgent facilities conditions posing a threat to the health and safety of pupils or staff may be filed anonymously.

Name: _____

Address: _____

Home Phone: _____ Work Phone _____

Student name (if applicable): _____ Grade _____

School name (if applicable): _____

Name of program, activity, service, personnel practice, or employee the complaint is being made against:

Date and place the event/incident occurred: _____

Date of informal resolution meeting (if applicable): _____

Names of parties who attended the informal resolution meeting: _____

Details of the complaint (attach appropriate supporting documents):

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