

## TIMELINE: COMPLAINT PROCEDURES

DATE: \_\_\_\_\_

- \_\_\_\_\_ Informal Resolution of Complaint.
- \_\_\_\_\_ Level Ia: Filing of Complaint Form (Appendix A) to the assistant superintendent of human resources. (Day 1)
  - \_\_\_\_\_ Complaint immediately forwarded to the appropriate compliance officer.
  - \_\_\_\_\_ Compliance officer promptly delegates the complaint to supervisor where the complaint arose.
- \_\_\_\_\_ Level Ib: Investigative meeting with supervisor where the complaint arose and complainant. (No later than Day 10).
- \_\_\_\_\_ Level Ic: Supervisor=s written report and decision delivered to complainant. (No later than Day 20)
- \_\_\_\_\_ Level IIa: Appeal from either party must be received by the compliance office within 5 days after receiving supervisor=s decision. (No later than Day 25)
- \_\_\_\_\_ Level IIb: Compliance officer will deliver a written decision within 10 days after receiving the appeal. (No later than Day 35)
- \_\_\_\_\_ Level IIIa: Appeal from either party made to the Board of Trustees via the District superintendent within 5 days after receiving the Level II decision. (No later than Day 40)
- \_\_\_\_\_ Level IIIb: The superintendent will place the appeal on the Board's next closed session or at a special Board meeting convened to make the 60 day time limit.
- \_\_\_\_\_ Level IIIc: Board of Trustees will render a written decision within 60 days from when the assistant superintendent of human resources initially received the complaint. (No later than Day 60)

## PLEASANTON UNIFIED SCHOOL DISTRICT LEVEL I COMPLAINT FORM (Regulation 1330)

**DIRECTIONS:** This form is to be used only after the informal resolution meeting between the complainant and the employee or program supervisor about whom the complaint is being made failed to resolve the issue.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Student name (if applicable): \_\_\_\_\_ Grade \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Name of employee or program about whom the complaint is being made:  
\_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

Submit to: Assistant Superintendent, Human Resources, Pleasanton Unified School District  
4665 Bernal Avenue, Pleasanton, CA 94566-7498

## PLEASANTON UNIFIED SCHOOL DISTRICT COMPLAINT APPEAL FORM (Regulation 1330)

**DIRECTIONS:** This form is to be used to appeal a Level I or Level II decision regarding a complaint about an employee or program of the school district. It must be submitted within 5 days after receiving the decision of the supervisor (Level I) or compliance officer (Level II). Attach a copy of the decision(s).

Submit the appeal form to the appropriate administrator (circle one):

**LEVEL I**

Assistant Superintendent, Human Resources  
Coordinator, Special Projects  
Assistant Superintendent, Educational Services

**LEVEL II**

District Superintendent  
(Secretary to the Board of Trustees)

Date you received the Level I decision: \_\_\_\_\_

Date you received the Level II decision: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student name (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Name of employee or program about whom the complaint is being made: \_\_\_\_\_

Aspects of the Level I or Level II decision you want to appeal: \_\_\_\_\_

Provide supporting rationale for your appeal: \_\_\_\_\_

Specific remedy sought: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date