CITIZEN COMPLAINT AGAINST AN EMPLOYEE
OF THE SAN DIEGO UNIFIED SCHOOL DISTRICT
(Administrative Procedure 9430)

TO:
San Diego Unified School District
Attn: Superintendent
4100 Normal Street, Room 2219
San Diego, CA  92103

FROM:
Name(s) ______________________________________________________________________
Address __________________________________________________________ Zip Code_____________________
Telephone (H) (___)_____________(W) (___)________________(Cell) (___)________________
Student Name(s) _______________________________________________Grade___________
School ________________________________________________________________

I understand that a copy of this complaint will be provided to the employee(s) immediately upon receipt of this complaint.

Name and title of person(s) against whom complaint is made:______________________________________________________________

Employee’s work location:______________________________________________________________

Nature of complaint. (This should be a description, in your own words, of the grounds for your complaint, including all names, dates, and places necessary for a complete understanding of your complaint. Attach additional pages if needed.)

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Date(s) on which you discussed the complaint with the employee(s):

__________________________________________________________________________________________

__________________________________________________________________________________________

Date(s) you discussed the complaint with the principal or employee’s supervisor (include name[s]):

__________________________________________________________________________________________
Date(s) and name(s) or other persons with whom you discussed the complaint:
________________________________________________________________________________________
________________________________________________________________________________________
Result of the discussion(s):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
What outcome are you requesting to resolve your issue?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
I (We) understand that the San Diego Unified School District may request from me (us) further information about this complaint, and if such information is available, I (we) will present it upon request.

I (We) also understand that a copy of this complaint will be given to the person(s) against whom this complaint is being made, and that he/she (they) will be given the opportunity to respond in writing to this complaint.

I (We) also understand that if a hearing is held on this complaint by the Board of Education or a committee thereof, such hearing will be held in closed session with the press and public excluded, and that I (we) will be informed of the time, date, and place such hearing will be held.

I (We) certify under penalty of perjury that the foregoing is true and correct. Executed this _______day of ____________________, 20___, at San Diego, California.

______________________________  _________________________________
Signatures

NOTE: ORIGINAL TO BE SENT TO APPROPRIATE DEPARTMENT ADMINISTRATOR OR SUPERVISOR