



Laguna Beach Unified School District
550 Blumont St.
Laguna Beach, CA 92651
www.lbusd.org

For Office Use Only
Date Received

COMPLAINTS CONCERNING EMPLOYEES

Please Print

Name: _____ Date: _____

Address: _____
Number Street Apt. # City Zip

Home Phone: (____) _____ Other Phone: (____) _____

I am a (Please check applicable box): Parent Employee Student Other _____

I AM FILING A COMPLAINT AGAINST THE FOLLOWING DISTRICT EMPLOYEE:

Name of person: _____

Address/Location: _____

DESCRIBE YOUR COMPLAINT:

(Please be as factual and specific as possible): _____

Attach additional page if necessary

Date of conduct which prompted this complaint: _____

If there are any witnesses to the alleged conduct or if there is anyone else who could provide more information regarding this please list names, addresses, telephone numbers: _____

REMEDY REQUESTED: What would it take to resolve this issue? _____

I certify under penalty of perjury that the foregoing and any attachments are true and correct.

Executed on this _____ day of _____, 20____, at _____, California.

SIGNATURE OF COMPLAINANT _____