

Santa Monica – Malibu Unified School District
1651 16th Street
Santa Monica, California 90404

COMPLAINT AGAINST AN EMPLOYEE

From: (Last Name, First Name) _____
(Address) _____
(Phone) _____

Name of person(s) against whom complaint is made: _____

To: _____
(The supervisor of the person against whom the complaint is made.)

Please complete all requests for information on both pages of the form. A copy of the form will be provided to the employee against whom the complaint is made.

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

Have you discussed the complaint with the employee(s) listed above?
Yes ___ No ___

To whom have you spoken about this complaint? Please list all district employees you have discussed it with, and the dates you discussed it with them.

What were the results of those discussions?

What is the remedy that you desire regarding this complaint?

I (we) understand that the supervisor of the employee, the Assistant Superintendent, or the Board of Education may request from me (us) further information about this complaint, and if such information is available, I (we) shall present it upon request.

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

I (we) certify under penalty of perjury that the foregoing is true and correct.

*Executed this ____ day of _____, 20__, at _____,
California.*

Signatures: _____

Note: If the complainant is not satisfied with the response of the supervisor, he/she/they may appeal to the SMMUSD Superintendent.