



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):

Multiple horizontal lines for describing the complaint.

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:

Horizontal lines for listing witnesses.

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

Horizontal lines for describing the remedy requested.

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