

## Dublin Unified School District Level 1 Complaint Form

**DIRECTIONS:** This form is to be used only after internal discussion between the complainant and the employee or program supervisor about whom the complaint is being made has not resolved the issue. It must be submitted after information resolution is determined to be unsatisfactory. You will receive a written response within 30 calendar days after this form is received.

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

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

Home Phone Number: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

School Name (if applicable) \_\_\_\_\_

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

Date of the event/incident occurred: \_\_\_\_\_ Date of informal resolution meeting: \_\_\_\_\_

Names of parties who attended the informal resolution meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of the complaint (attach appropriate supporting documents):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Solutions that you would consider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date