



**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.)

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