

District Complaint Form

For use with BP 4119.11, 4219.11, 4319.11 (Sexual Harassment) and
BP/AR 4144, 4244, and 4344 (Complaints)

(Refer to appropriate Board Policy and Administrative Regulation for timelines)



Check here if this is a Sexual Harassment complaint

Step 2

Step 3

Step 4

Immediate Supervisor

Superintendent/Designee

Governing Board

Complainant Name: _____

Home Address: _____ Home Telephone: _____

_____ Work Telephone: _____

Date of Alleged Incident: _____ Location of Alleged Incident: _____

Narrative Summary of Alleged Incident - include time, place, participants and witnesses to the alleged violation (If more space is needed, please attach additional sheets): _____

Desired Outcome of Investigation: _____

Complainant's signature

Date

Complainants may, in some circumstances, have the right to appeal decisions to the California Department of Education, or to seek review by the U.S. Department of Education, Office of Civil Rights, or may seek civil remedies for allegations of employment discrimination through the U.S. Equal Employment Opportunity Commission and California Dept. of Fair Employment and Housing.

For questions or clarification, you may contact the Human Resources Department at 951-943-6369, ext. 80304.