LIVE OAK UNIFIED SCHOOL DISTRICT
2201 Pennington Road
Live Oak, California

Complaint regarding District Employee or Program

Date Submitted: _____

Full Name of the complaining person(s), or the complainant(s):

_____
_____
_____

Address:

_____
_____
_____

Phone:

_____
_____

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

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_____

Summary of the complaint and the facts surrounding it:

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A specific description of any prior attempt to discuss the complaint with the employee and the failure to resolve the matter:

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Identify the relief/remedy you are seeking:

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Signature of the Complainant(s): _____
_____

Please return this form to the employees immediate Supervisor or the District Office (2201 Pennington Road).

Date Received: _____

LOUSD Employee responding to this complaint: _____