Santa Monica – Malibu Unified School District
1651 16th Street
Santa Monica, California  90404

COMPLAINT AGAINST AN EMPLOYEE

From:  (Last Name, First Name) ________________________________________________
       (Address) ____________________________________________________________
       (Phone)    ____________________________________________________________

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

To:     __________________________________________
       (The supervisor of the person against whom the complaint is made.)

Please complete all requests for information on both pages of the form.  A copy of the form will
be provided to the employee against whom the complaint is made.

Nature of the Complaint. (This should be a description in your own words of the grounds of your
complaint, including all names, dates, and places necessary for a complete understanding of your complaint.  You may attach additional
pages.)
____________________________________________________________________________
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____________________________________________________________________________

Have you discussed the complaint with the employee(s) listed above?
Yes ___    No ___

To whom have you spoken about this complaint? Please list all district employees you have
discussed it with, and the dates you discussed it with them.
____________________________________________________________________________
____________________________________________________________________________

SMMUSD Form: Complaint Against an Employee (BP 1312.1)
What were the results of those discussions?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is the remedy that you desire regarding this complaint?
____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________

I (we) understand that the supervisor of the employee, the Assistant Superintendent, or the Board of Education may request from me (us) further information about this complaint, and if such information is available, I (we) shall present it upon request.

I (we) also understand that a copy of this complaint will be given to the person(s) against whom the complaint is made, and he/she/they will be given the opportunity to respond in writing to this complaint.

I (we) certify under penalty of perjury that the foregoing is true and correct.

Executed this ____ day of ______________, 20__, at _________________________, California.

Signatures:
________________________
________________________
________________________

Note: If the complainant is not satisfied with the response of the supervisor, he/she/they may appeal to the SMMUSD Superintendent.