



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
LEVEL 1 COMPLAINT FORM

Directions: This form is to be used after an informal discussion between the complainant and the employee about whom the complaint is being made failed to resolve the issue.

Name:
Address:
Home Phone:
Work Phone:
Student name (if applicable):
School name (if applicable):
Name of employee about whom the complaint is being made:

Details of the complaint (attach appropriate supporting documents):
Individuals with information about the circumstances of the complaint:
Did you attempt to resolve the complaint at the informal level? Yes No (Circle One)
Details of the attempt to informally resolve the complaint:

A copy of the Level 1 Complaint Form will be given to the employee, if appropriate based on the circumstances, to allow the employee to respond to the complaint.

I declare under penalty of perjury under the laws of the State of California, that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint.

Signature Date

Received By Date

Submit to: All Level 1 complaints related to district personnel shall be submitted to the principal or immediate supervisor.



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT  
LEVEL 2 COMPLAINT APPEAL FORM**

Directions: This form is to be used to appeal a Level 1 disposition of a complaint about a District employee. It must be submitted within 15 calendar days after receiving the Level 1 report. A Level 2 complaint should clearly state and describe the reasons for the appeal

Date you received the Level 1 report: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student name/Grade (if applicable): \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

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

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| Provide supporting reasons for your complaint: |
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I declare under penalty of perjury under the laws of the State of California, that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint.

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|-------------|------|
| Signature   | Date |
|             |      |
| Received By | Date |
|             |      |

Submit to: All Level 2 complaint appeals related to district personnel shall be submitted to the Human Resources Department, SRVUSD 699 Old Orchard Drive, Danville, CA 94526.



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT  
LEVEL 3 COMPLAINT FORM

Directions: This form is to be used to request that a complaint be reviewed by the Board of Education following the completion of a Level 1 complaint and Level 2 complaint. It must be submitted within 15 calendar days after receiving the Level 2 report. A Level 3 complaint should clearly state and describe the reasons for the complaint.

Date you received the Level 2 report:

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student name/Grade (if applicable): \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

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

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| Provide supporting reasons for your complaint: |
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I declare under penalty of perjury under the laws of the State of California, that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_

Submit to: All Level 3 complaints shall be submitted to the Executive Assistant to the Superintendent, SRVUSD 699 Old Orchard Dr. Danville, CA 94526.