

LAKESIDE UNION SCHOOL DISTRICT

CHARGE OR COMPLAINT AGAINST SCHOOL, OFFICE, OR EMPLOYEE

This form is to be used to make a charge or complaint against an identifiable employee or against a specific school program, or office where the basis for the charge or complaint arose out of the personal actions or omissions of an identifiable employee. Complete and sign the form and return to the Lakeside Union School District Office.

TO: Ty Bryson
14535 Old River Road
Bakersfield, CA 93311

FROM:

Name: _____

Address: _____

Day Time Telephone: _____

Name of school, program, office, or name of employee and job location against who charge or complaint is directed:

Nature of the charge or complaint: _____

When did the event(s) occur? Date(s)? _____

Has the charge or complaint been discussed with the employee, supervisor, or administrator? _____

To whom have you spoken regarding the charge or complaint? _____

When? Date(s)? _____

What was the result of the discussion? _____

I UNDERSTAND THAT THE SUPERINTENDENT MAY REQUEST FURTHER INFORMATION FROM ME ABOUT THIS MATTER: AND IF SUCH INFORMATION IS AVAILABLE TO ME, I SHALL PRESENT IT UPON REQUEST.

SIGNATURE _____