

STONY CREEK JOINT UNIFIED SCHOOL DISTRICT  
LEVEL 1 COMPLAINT FORM  
Complaints Concerning District Employees  
(excluding the Superintendent)

*Directions: This form is to be used only after the informal resolution process has failed to resolve the issue*

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

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

Home Phone: \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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

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

Name of employee the complaint is being made against: \_\_\_\_\_

Date and place the event/incident occurred: \_\_\_\_\_

Date of informal resolution meeting (if applicable): \_\_\_\_\_

Names of parties who attended the informal resolution meeting: \_\_\_\_\_

Details of the complaint (attach appropriate supporting documents): \_\_\_\_\_

Specific remedy sought: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

Submit to: Superintendent, Stony Creek Joint Unified School District  
3430 County Road 309, Elk Creek, CA 95939