

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION  
3350 Education Drive, San Luis Obispo, CA 93405

Form #4312A COMPLAINT AGAINST AN EMPLOYEE

TO: James J. Brescia  
County Superintendent of Schools

FROM: Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Name of employee against whom the complaint is being made.

\_\_\_\_\_

Complete description of the complaint, including all names, dates and places necessary for a complete understanding of the complaint.

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You may use additional pages of your own paper to describe your complaint more fully if you so desire.

**OVER**

A description of prior attempt(s) to discuss the complaint with the employee involved.

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The name of the County Office of Education administrator with whom the matter was discussed and the date and result of that discussion.

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The solution that the complainant believes will resolve the complaint.

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I (We) understand that the County Superintendent may request 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) named in the complaint, and he/she/they will be given the opportunity to respond in writing, and I (we) will receive a copy of such response.

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

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_  
\_\_\_\_\_