

## PITTSBURG UNIFIED SCHOOL DISTRICT LEVEL 2 COMPLAINT 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 response. A Level 2 co	omplaint should clearly state and
describe the reasons for the appeal		
Date you received the Level 1 response:		
Name:		
Address:		
Home Phone:		
Work Phone:		
Student Name (if applicable):		
School Name or Department:		<u></u>
Name of employee about whom		
the complaint is being made:		
Provide supporting reasons for your complaint:		
What resolution are you seeking?		
declare under penalty of perjury under the laws o		
answers and statements on this complaint form and	i/or any attachment to this complain	II.
Signature	Date	
-		
Received By	Date	

Submit to: All Level 2 complaint appeals related to district personnel shall be submitted to the District level. Please visit Concerns & Complaints Contact Information for the person related to addressing the nature of your complaint; PUSD 2000 Railroad Ave; Pittsburg, CA 94565