



**PITTSBURG 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 response. A Level 3 complaint should clearly state and describe the reasons for the complaint.

Date you received the Level 2 response: \_\_\_\_\_

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

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

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

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

Student Name (if applicable): \_\_\_\_\_

School Name or Department: \_\_\_\_\_

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

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| Provide supporting reasons for your complaint: |
|  |

|                                  |
|----------------------------------|
| What resolution are you seeking? |
|                                  |

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 complaint appeals related to district personnel shall be submitted to the Executive Assistant to the Superintendent; PUSD 2000 Railroad Ave; Pittsburg, CA 94565