

**LOS ANGELES UNIFIED SCHOOL DISTRICT
WORKPLACE VIOLENCE COMPLAINT FORM**

Work Location: _____ Telephone No. _____

Educational Service Center/Office: _____

Name: _____ Employee #: _____

Job Title: _____

Home Address: _____

City: _____ Zip Code: _____

E-mail Address: _____

Telephone: _____ Cell Phone: _____

1. Date of the alleged workplace violence incident: _____

2. Name(s), Title(s), Work Location(s) and Telephone Number(s) of the accused:

Name	Title	Location	Tel. No.
_____	_____	_____	_____
_____	_____	_____	_____

3. Present the facts of the alleged workplace violence act (FOR EXAMPLE: How did this affect you? Describe completely the reason(s) for your complaint. You must include the date(s) and relevant circumstance underlying your allegation. Give the names of all persons involved. ATTACH ADDITIONAL SHEETS AS NEEDED).

ATTACHMENT D

4. Do you have witnesses that can corroborate your allegations? Yes No
If yes, please identify:

5. Please supply supporting evidence that you may have to document the basis for the alleged practice that you are claiming, e.g., copies of any written material that you believe support your allegation. I have attached supporting evidence: Yes No
Please list the documents you have attached:

6. Have you filed any other claim, complaint or grievance related to this matter? Yes No
If yes, please describe:

7. What remedy are you seeking to resolve your complaint?

Complainant's Signature _____ Date _____

**Submit this Workplace Violence Complaint Form
and any attachments to your immediate supervisor.
Keep a copy for your records.**