

Complaints Against District Employees

Complaint Against District Employee Form

Please complete all information. If you need help filling out the form please call 457-3736.

Date _____

Name of Complainant _____

School _____

Address _____

Phone (Day) _____

Phone (Evening) _____

Name of Parent if not Complainant _____

I am filing a complaint against the following District employee. The employee's

name is _____ and/he/she works at _____

DESCRIBE YOUR COMPLAINT: Please be as factual and specific as possible. If you fail to do so, your complaint may not be processed. Because there is a time limitation of three months from the date the alleged misconduct occurred, you must at least indicate the approximate date of the alleged misconduct. If the alleged misconduct has occurred over a period of time, please indicate the time period in question. Provide a specific description of any prior attempt to discuss the complaint with the employee and the failure to resolve the matter.

(If you need additional space, you may attach a separate sheet of paper to this complaint form.)

REMEDY REQUESTED: What do you want as a result of filing this complaint?

Signature of Complainant _____

If the complaint is not resolved at the school or department, the Superintendent or designee shall complete an investigation within **20 working days of its initiation**. Within **20 working days following the investigation** of the complaint a written decision concerning the merits of the complaint shall be served on both the complainant and the employee. The Superintendent or designee's decision shall be final.

File this form with Constituent Services Office, 2309 Tulare Street, Fresno, CA 93721 or fax to (559) 457-3933.

(For Office Use Only)

Date Received _____

Date Complainant was contacted _____

Expected Date of Written Responses (*40 working days*) _____

Exhibit FRESNO UNIFIED SCHOOL DISTRICT

version: November 2009 Fresno, California