

# DELANO UNION SCHOOL DISTRICT

## CHARGE OR COMPLAINT AGAINST SCHOOL, OFFICE, OR EMPLOYEE

This form is to be used to make a charge or complaint against an identifiable employee or against a specific school, program, or office where the basis for the charge or complaint arose out of the personal actions or omissions of an identifiable employee. **Please complete and sign the form and return to the Department of Human Resources.**

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

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

\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Name of school, program, office, or name of employee and job location against whom charge or complaint is directed:

\_\_\_\_\_  
\_\_\_\_\_

Nature of the charge or complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the event(s) occur? Date(s)

\_\_\_\_\_  
\_\_\_\_\_

Has the charge or complaint been discussed with the employee, supervisor, or administrator? \_\_\_\_\_

To whom have you spoken regarding the charge or complaint? \_\_\_\_\_

\_\_\_\_\_

When? Date(s)? \_\_\_\_\_

What was the result of the discussion? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT THE ADMINISTRATOR FOR HUMAN RESOURCES MAY REQUEST FURTHER INFORMATION FROM ME ABOUT THIS MATTER; AND, IF SUCH INFORMATION IS AVAILABLE TO ME, I SHALL PRESENT IT UPON REQUEST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

c: Superintendent

**PLEASE COMPLETE, SIGN, AND SUBMIT TO THE HUMAN RESOURCES. DEPARTMENT**