DELANO UNION SCHOOL DISTRICT

CHARGE OR COMPLAINT AGAINST SCHOOL, OFFICE, OR EMPLOYEE

school, program, or office where the omissions of an identifiable employee. Human Resources.	arge or complaint against an identifiable employee or against a specific basis for the charge or complaint arose out of the personal actions or Please complete and sign the form and return to the Department of
FROM: Name: Address:	
Daytime Telephone:	
Name of school, program, office, or nat complaint is directed:	me of employee and job location against whom charge or
Nature of the charge or complaint:	
When did the event(s) occur? Date(s)	
Has the charge or complaint been discuss	sed with the employee, supervisor, or administrator?
To whom have you spoken regarding the	ne charge or complaint?
When? Date(s)?	

Page 2 Charge or Complaint against School, O	Office, or Employee		
What was the result of the discussion?_			
I UNDERSTAND THAT THE ADM FURTHER INFORMATION FROM I IS AVAILABLE TO ME, I SHALL PR	ME ABOUT THIS MAT	TTER; AND, IF SUCH	
Signature:		Date:	

Superintendent

c: