

## PERSONNEL COMPLAINT FORM INTERNAL EMPLOYEES ONLY

## This form must be filed within 15 days of Incident

Your Name:	School Site or Department:		
Job Title:			
		Cell:	
Date of Incident:	Person (s) Complaint is Filed Age	ainst:	
Description of Complaint (A	ttach additional sheets if needed):		

## Please submit the completed form to:

- School Site involved in the complaint
- In Person or U.S. Mail:

Fresno Unified School District Constituent Services 2309 Tulare Street Fresno, CA 93721-2287

- <u>Fax:</u> Please fax document to (559) 457-3933
- <u>Email:</u> Please scan the completed form and save it as a PDF or TIF file. Email to Teresa. Plascensia@fresnounified.org or Constituent. Services@fresnounified.org