



Fresno Unified School District COMPLAINTS CONCERNING SCHOOL PERSONNEL FORM

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

Date: _____ Name of Complainant: _____ School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number (s) Day: _____ Evening: _____ Cell: _____

Name of Parent if not the Complainant: _____

I am filing a complaint against the following District employee.

Employee's Name: _____ **Work Location:** _____

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's or designee's decision shall be final.

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

(For Office Use Only)

Date Received: _____

Date Complainant was Contacted: _____

Expected Date of Written Response (40 working days): _____