**PERSONNEL COMPLAINT FORM**
**INTERNAL EMPLOYEES ONLY**

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

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day: ___________________________</td>
</tr>
<tr>
<td></td>
<td>Evening: ___________________________</td>
</tr>
<tr>
<td></td>
<td>Cell: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Site or Department:</th>
<th>Date of Incident:</th>
</tr>
</thead>
</table>

**Description of Complaint:**
(Attach additional sheets if needed)

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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

- **Fax:**
  Please fax document to (559) 457-3933

- **Email:**
  Please scan the completed form and save it as a PDF or TIF file. Email to Teresa.Plascencia@fresnounified.org