



PERSONNEL COMPLAINT FORM INTERNAL EMPLOYEES ONLY

This form must be filed within 15 days of incident.

This complaint form is used to address allegations not covered under the employee's Collective Bargaining Agreement. For complaints regarding discrimination, harassment, hostile work environment, evaluation or termination, grievances, etc., please contact Human Resources.

For more information about this complaint process, please contact 559-457-3736.

Your Name: _____ School Site/Department: _____

Job Title: _____

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

Date of Incident: _____ Person (s) Complaint is Filed Against: _____

Job Title: _____ School Site/Department: _____

Describe Your Complaint. Note all relevant dates, places, events, etc. (Attach additional sheets if needed):

What is your desired outcome for filing this complaint?:

If the complaint is not resolved at the school site/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.

Signature of Complainant: _____ **Date:** _____

Submit the completed form to:

- **School Site/Department Supervisor**
- **Constituent Services Office**
 - **In Person or U.S. Mail:**
Fresno Unified School District
Constituent Services
2309 Tulare Street
Fresno, CA 93721-2287
 - **Fax:** (559) 457-3933
 - **Email:** Please scan the completed form and save it as a PDF or TIF file. Email to Constituent.Services@fresnounified.org

Date Received: