

Eastern Sierra Unified School District
P.O. Box 575 -:- Bridgeport CA 93517
(760) 932-7443

EMPLOYEE COMPLAINT FORM

Charge or Complaint against School, Office or Employee

Name of school or office, or name of employee and job location against who the charge or complaint is directed:

Nature of the charge or complaint: (Use back side or additional paper if necessary)

Date event(s) occurred? _____

Has the charge or complaint been discussed with the school principal, employee, or his supervisor?

To whom have you spoken and when? Name _____ Date _____

Name _____ Date _____

What was the outcome of the discussion? _____

I understand that the Eastern Sierra Unified School District Board of Trustees may request further information about this matter and if such information is available to me, I will present it on request.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of Complainant

Date

Name of Complainant (Please Print)

Address