

ARVIN UNION SCHOOL DISTRICT
737 Bear Mountain Boulevard
Arvin, CA 93203
661-854-6500

CHARGE OR COMPLAINT AGAINST SCHOOL, OFFICE OR EMPLOYEE

This form is to be used to make a charge or complaint against an identifiable employee or against a specific school, program, or office where the basis for the charge or complaint arose out of the personal actions or omissions of an identifiable employee. Complete and sign the form and return to the District Superintendent.

TO: Georgia Rhett, Superintendent
Arvin Union School District
737 Bear Mountain Boulevard
Arvin, CA 93203

FROM: Name: _____
Address: _____

Phone Number: _____

Name of school, program, office, or name of employee and job location against whom charge or complain is directed:

Nature of the charge or complaint:

When did event(s) occur? Date(s)?

Has the charge or complaint been discussed with the employee, supervisor, or administrator?

To whom have you spoken regarding the charge or complaint:

When? Date(s)? _____

What was the result of the discussion?

I UNDERSTAND THAT THE SUPERINTENDENT MAY REQUEST FURTHER INFORMATION FROM ME ABOUT THIS MATTER AND IF SUCH INFORMATION IS AVAILABLE TO ME, I SHALL PRESENT IT UPON REQUEST.

Signature: _____ Date: _____