

Buena Park School District

FORMAL COMPLAINT AGAINST EMPLOYEES

Employee's Name: _____ Location: _____

State the nature of your complaint:

Provide details of specific occurrences, evidence, and reasons:

Please describe solution sought:

Complainant's Name: _____

Please Print

Address: _____

Signature: _____

Date: _____

I have read this report and understand that I have five work days from this date in which to respond or submit my own comments for the record.

Employees's
Signature: _____

Date: _____

Administrator's Signature: _____ Date: _____