

## HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

## COMPLAINT REGARDING DISTRICT PERSONNEL CONCERNS

**DIRECTIONS:** All formal complaints involving district personnel must be initiated by completing this form and following procedures attached to this form. No oral or unsigned complaints will be processed. This form shall be delivered to the Assistant Superintendent or designee, or to the supervisor of the employee involved. Call the District Office at (636) 933-3830, if that information is needed. If you require more space for your response, you may attach additional pages.

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Employee's Name: \_\_\_\_\_

3. Nature of complaint: State the day, time and place where the alleged behavior occurred and a brief description of the complaint:

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4. Please describe the remedy you are seeking to this issue:

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5. Have you discussed this complaint with the employee? Yes \_\_\_\_ No \_\_\_\_

If yes, what was the date and result of the discussion?

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6. Have you discussed this complaint with the employee's supervisor? Yes \_\_\_\_ No \_\_\_\_

If yes, what was the date and result of the discussion?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date