THE SCHOOL DISTRICT OF UNIVERSITY CITY
Transform the Life of Every Student Every Day!

EMPLOYEE COMPLAINT FORM

Name		**Date**	
Address		**Phone #**	
Title		**Job Location**	

Please describe the nature of your complaint:
Be sure to include all who were involved and any witnesses to the incident. Explain what occurred and where the incident occurred. You have the option to submit your form to your building administrator or directly to Human Resources at: HR@ucityschools.org.

What resolution/outcome are you seeking?

Revised 11/2023

Complainant's Signature_____ **Date Submitted**_____