

EAST SIDE UNION HIGH SCHOOL DISTRICT
Formal Public Complaint Against a District Employee

Date: _____

To: _____

Principal/Immediate Supervisor

Location

From: _____

Name

Address

Phone Number

Name of person(s) against whom this complaint is being filed:

Nature of the complaint:

**This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your concern. Please feel free to use additional pages, as necessary, to fully describe your concern(s).

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Originator

Signature of Originator

Copies are distributed to: Principal or Immediate Supervisor, Staff member, Originator