



MADERA UNIFIED SCHOOL DISTRICT
Office of the Assistant Superintendent of Human Resources

PERSONNEL COMPLAINT FORM

This form must be filed within 60 days of the incident.

Complainant Name: _____ Contact Number: _____
Job Title: _____ Date of Incident: _____
School Site or Department: _____ Location of Incident: _____

I am filing a personnel complaint against the following District Employee:

Employee's Name: _____ School Site or Department: _____

Step 1: First, you must meet with your immediate supervisor. Has a meeting taken place? Yes No

Date of Meeting: _____ Brief explanation of the results of the meeting:

If no meeting, please explain why:

Step 2: Description of complaint (Add witness names if applicable and attach additional sheets if needed):

Step 3: Recommended Resolution: What do you want to occur as a result of filing this complaint?

Complainant's Signature

Date

FOR THE OFFICE OF ASST. SUPT. OF HR USE	
Date Received:	
Assigned To:	