



MADERA UNIFIED SCHOOL DISTRICT
Human Resources Department

PERSONNEL COMPLAINT FORM

This form must be filed within 15 days of the incident.

Complainant Name: _____	Phone Numbers Daytime: _____ Evening: _____ Cell: _____
School Site or Department: _____	Date of Incident: _____
Job Title: _____	
I am filing a complaint against the following District employee. Employee's Name: _____ Employee's Work Site: _____	

Step 1: You must first meet with your immediate supervisor. Have you done so? ____Yes ____No

If yes, please explain the results of this meeting:

If no, 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