PERSONNEL COMPLAINT FORM
INTERNAL EMPLOYEES ONLY

This form must be filed within 15 days of Incident

Your Name:	Phone Number(s) Day: _____
School Site or Department:	Evening: _____ Cell: _____
Job Title:	Date of Incident:

Description of Complaint:
(Attach additional sheets if needed.)

Please submit the completed form to:

- **School Site involved in the complaint**
- **In Person or U.S. Mail:**
  Fresno Unified School District
  Constituent Services
  2309 Tulare Street
  Fresno, CA 93721-2287
- **Fax:**
  Please fax document to (559) 457-3933
- **Email:**
  Please scan the completed form and save it as a PDF or TIF file. Email to Teresa.Plascencia@fresnounified.org

_____ _____