

HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT COMPLAINT FORM

(Please complete this form and return it to the employee's supervisor)

Name of Complainant:		Date:	
Address of Complainant:	First		
	Street	City	Zip
Phone: ()	Work: ()	Ot	her: ()
This complaint is about the foll	owing Happy Valley School	District employee(s):	
Work site of the employee(s):			
Date of incident:	Time of incident:	Location of inc	cident:
Student's name (if involved):			
Witness(es):			
1. Please state in your own word	s what occurred. Please be s	specific and complete:	
2. Please describe your attempt t matter:	o discuss the complaint wit	h the employee(s) involved an	d the failure to resolve the
3. Please describe your attempt t matter:	to meet with the employee(s)' supervisor and/or principal	and the failure to resolve the
4. Please describe the outcome of	r remedy you seek for this co	omplaint:	
I hearby certify that this inform	ation is complete and accura	ate to the best of my recollection	on.

Complainant's Signature

Date

Attach to this form any documents you believe will support your complaint. Please keep a copy of the completed form and any supporting documentation for your records.