## **Willows Unified School District**

823 W. Laurel Street Willows, CA 95988 (530) 934-6600 Telephone (530) 934-6609 Fax

## **COMPLAINT AGAINST EMPLOYEE OR OFFICER**

TO:		
FROM:	Name(s)	
	Address(es)	
	Telephone #(s)	
Name of	person(s) against whom co	
of the gr	ounds of your complaint,	ld be a description in your own words including all names, dates, and places anding of your complaint):
(Vou mar	v vaa additional maass of v	roum our mananta daganiha vour carrelair
	y use additional pages of y ly if you desire.)	our own paper to describe your complain - 1 -

<u>*</u>	ussed with the employee named in this incipal, or his/her supervisor?
To whom have you spoken?	Name(s):
When:	Date(s):
	iscussion?
request from me (us) further	uperintendent and/or Board of Education may information about this complaint, and if such we) shall present it upon request.
Superintendent and/or Board complaint is being made, an	a copy of this complaint will be given by the d of Education to the person(s) against whom this d he/she (they) will be given the opportunity to mplaint. Additionally, I (we) will receive a copy
Board of Education or a con Closed Session with the pres	if a hearing is held on this complaint by the nmittee thereof, such hearing will be held in ss and public excluded and that I (we) will be and place such hearing will be held.
	of perjury that the foregoing is true and correct. day of, 20,
at	, California.
	Signature
Date:	- 2 -