

ORCUTT UNION SCHOOL DISTRICT
PUBLIC COMPLAINT CONCERNING DISTRICT PERSONNEL

Your Name _____

Address: _____

Home Phone _____ Other Phone _____

Name of Employee You Have a Concern/Complaint Against:

Position or Title of Employee _____

State Specific Concern/Complaint You Have:

State Steps You Have Taken to Resolve the Concern/Complaint:

Date and Time of Incident: _____ Location: _____

List Name(s) of Witnesses or Other Involved: _____

Additional Comments: _____

Signature

Date