

**Fairfield-Suisun Unified School District**

2490 Hilborn Road • Fairfield, CA 94534  
(707) 399-5000



**COMPLAINT**  
REGARDING SCHOOL PERSONNEL

Employee

Involved: \_\_\_\_\_ School/Office: \_\_\_\_\_

Complainant Name (*please print*): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**State the nature of the problem** (*give any specific details which are pertinent to the incident, dates, times, etc.*):

Indicate the **date** you shared your concern with the employee involved: Date: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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***FOR OFFICE USE***

**Response of Employee's Supervisor:**

Signature of Employee's Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_