



Berryessa Union School District

Employee Complaint Alleging Harassment or Discrimination

INSTRUCTIONS: Employee completes this form and submits to immediate supervisor, or any supervisor or manager, or to the District Compliance Officer.

***Completed form needs to be submitted immediately to the District Compliance Officer.**

Name (Last, First, Middle):	School Site/Dept:	Position Title:	Date:

Please state the specific description of the complaint, including names, dates, and places necessary for complete understanding of the complaint (cite specific district, State, or Federal regulations which are alleged to have been violated):

Date(s) when complaint was discussed with your supervisor?

Please list the reason why your supervisor's proposed resolution of the problem is not acceptable:

Please list specific actions requested of school district which you believe will remedy the complaint:

Do you wish to be represented by a person of your choice?

If, please enter the name of such designated representative:

Please sign and date this form:

	_____ Signature of Employee
	_____ Date