

TULARE COUNTY OFFICE OF EDUCATION  
6200 S. MOONEY BLVD., P.O. Box 5091  
Visalia, CA 93278-5091  
(559) 733-6300

**COMPLAINTS CONCERNING COUNTY OFFICE EMPLOYEE**

Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

*(Please complete this document with as much detail as possible and return to the Director of Human Resources at the address listed above. A copy of this complaint will be forwarded to the county superintendent of schools.)*

Name of person(s) against whom complaint is being made:

\_\_\_\_\_  
\_\_\_\_\_

Nature of complaint: (Describe in your own words grounds for your complaint. Include all names, dates, and places necessary for a complete understanding of your complaint.)

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(You may use additional pages to describe your complaint if you wish.)

Describe your attempts to discuss and resolve this complaint with the employee and/or employee's supervisor.

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How do you propose that your complaint be resolved?

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I understand that as a result of filing this complaint management/supervisory staff may request further information from me about this complaint, and if such information is available, I shall present it upon request.

I certify under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
in \_\_\_\_\_, California.

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Signature of Complainant

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