

**CHARGE OR COMPLAINT AGAINST SCHOOL,
OFFICE, OR EMPLOYEE**

This form is to be used to make a charge or complaint against an identifiable employee, or against a specific school, program, or office where the basis for the charge or complaint arose out of the personal actions or omissions of an identifiable employee. Complete and sign the form and return to the Administrator for the Division of Human Resources and Special Services.

TO: Administrator for the Division of Human Resources and Special Services
Kern County Superintendent of Schools
1300 17th Street - City Centre
Bakersfield, CA 93301

FROM: Name:

Address:

Daytime Telephone:

Name of school, program, office, or name of employee and job location against whom charge or complaint is directed:

Nature of the charge or complaint:

When did the event(s) occur? Date(s)?

Has the charge or complaint been discussed with the employee, supervisor, or administrator?

To whom have you spoken regarding the charge or complaint?

When? Date(s)?

What was the result of the discussion?

I UNDERSTAND THAT THE ADMINISTRATOR FOR HUMAN RESOURCES AND SPECIAL SERVICES MAY REQUEST FURTHER INFORMATION FROM ME ABOUT THIS MATTER AND IF SUCH INFORMATION IS AVAILABLE TO ME, I SHALL PRESENT IT UPON REQUEST.

Signature: _____ Date: _____