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

Address: (Street) (City) (Zip Code) (Please complete this document with as much detail as possible and return to the Assistant Superintendent, Hum
(Please complete this document with as much detail as possible and voturn to the Assistant Superintendent Hun
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 names, dates, and places necessary for a complete understanding of your complaint.)

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

Describe your atter employee's supervisor	-	nd resolve	this	complaint	with the	employee	and/or
How do you propose	that your complain	nt be resolv	ed?				
I understand that as further information present it upon reque	from me about this						
I certify under penal	ty of perjury that th	e foregoing	; is tru	e and corre	ct.		
Signed this	day of					20	
	, California.						

Signature of Complainant

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