

**Twin Rivers Unified School District**  
**COMPLAINT AGAINST DISTRICT EMPLOYEE**  
**Complaint Form**

The Board of Trustees has adopted complaint procedures that permit the public to submit complaints against district employees. (BP 1312.1) The District shall investigate and seek to resolve complaints against District employees and/or District sites at the local level with the Site Administrator or Principal. If the complaint cannot be resolved at the local level, the Human Resources Office should be contacted.

Please either print or type in the information required below for processing your complaint. Where the form asks for Employee's Name, please give the name of the person you are filing this complaint against. Once the complaint form is completed, you may either submit it at the site level to which your complaint addresses or at the District Office, Attn: Human Resources Dept., located at 5115 Dudley Blvd, Bay A, McClellan, CA, 95652.

If your complaint is against a Twin Rivers Police Officer, please contact the Twin Rivers Police Services Department located at 5201 Arnold Ave, McClellan, CA 95652, telephone: (916) 566-2777.

Employee's Name (Last, First): \_\_\_\_\_

Employee's Position (Title/Location): \_\_\_\_\_

Name of Person Filing Complaint (Last, First): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address, if any: \_\_\_\_\_

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

**PLEASE STATE THE REASONS FOR YOUR COMPLAINT**

(use reverse or another sheet if necessary)

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**DESCRIBE EFFORTS TO RESOLVE INFORMALLY**

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**DESCRIBE RESOLUTION SOUGHT**

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**DECLARATION OF COMPLAINANT**

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Signature of Person Filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Print city and state where signed: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Complaint received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Title of person who received complaint: \_\_\_\_\_

**Please provide a duplicate copy to the complainant.**