

COMPLAINT FORM
(Including Non- Williams Act Uniform Complaints)

Complete form and submit complaint to:

Attn: Office of Human Resources
Taft Union High School District
701 Wildcat Way
Taft, CA 93268

Name of the Complainant: _____

If an employee, state job title/site: _____

If a student or parent, state school site: _____

Address: _____

Phone Number: _____

Email: _____

Name of the person against whom the complaint is made: _____

Are you filing the complaint on behalf of someone else? If so, specify for whom you are filing this complaint:

Has the complaint been discussed with the person named in the complaint? _____

State who you have spoken to about the complaint and specify the date(s) when this occurred (use additional pages if necessary):

Describe the nature of the complaint (please use additional pages if necessary and attach them to this form):

State the date(s) that the subject of the complaint occurred:

State the date, place, and witnesses of the alleged act(s):

If applicable, state the specific laws, regulations or District rules that were allegedly violated:

What resolution or corrective action(s) are you requesting?

Date complaint submitted: _____

Signature of complainant: _____