(Please complete this document with as much detail as possible and return to the Director of Human the address listed above. A copy of this complaint will be forwarded to the county superintendent of sch	
Name of person(s) against whom complaint is being made:	
Nature of complaint: (Describe in your own words grounds for your complaint. names, dates, and places necessary for a complete understanding of your complaint.)	Include all

employee's supervisor.						employee	
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