



**FUSD-FUDTA
DISTRICT COMPLAINT APPEAL FORM
Article 30.1.4**

This District Complaint Form is to be used for complaints against Certificated Fremont Unified District Teachers Association (FUDTA) Members. FUSD/FUDTA Bargaining Agreement (Article 30.1.4) covers Teachers, Substitutes, Counselors, Nurses, Psychologists, Speech Therapists, and Librarians.

This complaint form may be used as an appeal at Step III if after every attempt to resolve the complaint at the Step II level has resulted in the dissatisfaction of the complainant. If no appeal is received within five (5) school calendar workdays, the matter shall be dropped.

Directions:

1. Complainant completes and submits the form within **five (5) school calendar workdays** of the Complaint Level II meeting. Submit the District Complaint Appeal Form to:

School Site

Attention: FUDTA Member & Immediate Supervisor

2. Once the District Complaint Appeal Form has been submitted, the immediate supervisor will hold a meeting within five (5) school calendar workdays with the unit member to attempt a mutually agreeable resolution.
3. The site administrator will provide a written summary of the meeting to complainant and FUDTA member.

School or Work Location of Employee of Concern _____

Date of Complaint Level II meeting with employee of concern: _____ Date filing appeal: _____

Description of incident, action, or omission that gives cause for the complaint (attach additional comments as appropriate):

Names and positions of any individuals with whom you have a concern:

Date of alleged incident, act or omission _____

Other supporting information, if any:

Name of Complainant: _____ Phone: _____

Address: _____ Email: _____

Signature of Complainant: _____