COACHELLA VALLEY UNIFIED SCHOOL DISTRICT

School and/or CVUSD Personnel Complaint Form

Board Policy (BP) 1312, 1312.1 and Administrative Regulation (AR) 1312.1 address complaints concerning the school and/or district personnel. A copy of the policy and regulation is enclosed. Please describe the incident on the second page. You may attach additional pages if needed.

Name of Complainant  ______________________________________________________
(person making complaint)

Address  ________________________________________________________________
(Street (Mailing) City, Zip)

Telephone Numbers:  Home __________________________ Work _________________________

Cell ______________________

Date on which incident occurred: __________________________________________

If this complaint is against a specific employee please give:

Name:  _______________________________________________ Work Site  ______________

Title:  ________________________________________________

Complete the form (2 pages) and return to the attention of:

Assistant Superintendent of Human Resources
Coachella Valley Unified School District
87-225 Church Street – P.O. Box 847
Thermal, CA  92274
Phone:  (760) 848-1091

Date Received:
Received by:
**School and/or CVUSD Personnel Complaint Form**

**Nature of Complaint**  (describe in your own words the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(Attach additional pages, if necessary)

Have you discussed the complaint with a supervisor or site administrator?

Yes _________  No _________

Give the dates and names(s) of person(s) to whom you have spoken:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

State the result of the discussion:
______________________________________________________________________________
______________________________________________________________________________

Signed ___________________________  Date __________________

**THIS COMPLAINT FORM MUST BE FILED WITH THE APPROPRIATE SUPERVISORY EMPLOYEE WITHIN ESTABLISHED TIMELINES PURSUANT TO ADMINISTRATIVE REGULATIONS AR 4144 (a) and 4244.**