

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
School and/or CVUSD Personnel Complaint Form

Board Policy (BP) 1312, cf. 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 _____ Job Title/Site _____
(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.