



**COACHELLA VALLEY UNIFIED
SCHOOL DISTRICT**

**P.O. BOX 847 THERMAL, CA 92274
760.848.1091
Fax 760.399.4423**

CVUSD PERSONNEL COMPLAINT FORM

Name: _____ Telephone Number: _____

Address: _____

Please check the box that best describes you:

☐ CVUSD Employee ☐ Parent/Guardian ☐ Student ☐ Other: _____

Date of Incident: _____ Time of Incident: _____

Name of Employee: _____ Site/Department: _____

Description of Incident (You may use additional sheets of paper if necessary):

Has the complaint been discussed with the employee, his/her site, principal or supervisor? ☐ Yes ☐ No

To whom have you spoken with? _____

Date(s) of conversation: _____

What was the result of each conversation?

Signature: _____ Date: _____

Complete this form and return to:

Assistant Superintendent of Human Resources

Coachella Valley Unified School District

87-225 Church Street—P.O. Box 847

Thermal, CA 92274

Phone: (760) 848-10

OFFICE USE ONLY	
Issue #:	Site/Department:
Date Issued:	Date Returned:
Time:	Time:
Signature of Administrator:	Signature of Administrator: