

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT SCHOOL AND/OR 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? _____

CVUSD Board Policy (BP) 1312, cf. 1312.1 and Administrative Regulations (AR) 1312.1, AR 4114 (a), and AR 4244.

Revised 2/2024

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT SCHOOL AND/OR CVUSD PERSONNEL COMPLAINT FORM

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) 848-1091

Date Received:

Received by: