



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
COMPLAINT SUBMITTAL FORM**

This form is to be used for complaints for all items not covered by contracts with exclusive representatives, by Merit System Rules and Regulations or by Title IX. Any employee, full or part-time, may complete this form and forward it to the appropriate level of supervision. The Supervisor to whom a complaint is presented has the responsibility to respond to such complaint in the manner and within the limits prescribed by District policy and/or Regulation 4144, 4244, 4344.

Name of Employee submitting complaint: _____ Date: _____

Position (Employee): _____ Location/Department (Employee): _____

Immediate Supervisor (Name): _____

LEVEL 1 – INFORMAL COMPLAINT TO SUPERVISOR

DATE OF INFORMATIONAL MEETING WITH SUPERVISOR: _____

LEVEL 2 – SITE LEVEL FORMAL COMPLAINT

DATE OF RECEIPT OF SITE LEVEL FORMAL COMPLAINT: _____

**Supervisor must investigate and meet with complainant by the 10th working day after receipt of complaint.*

**Supervisor must respond by 5th working day after meeting with complainant.*

Statement of Complaint (By Employee): _____

Action Requested (By Employee): _____

I presented this complaint to my immediate supervisor on: _____ EMPLOYEE SIGNATURE: _____

REVIEWED BY IMMEDIATE SUPERVISOR (NAME): _____

***Supervisor to forward copy of written complaint to Personnel Services immediately upon receipt from complainant and prior to action taken.**

Copy sent to Personnel Services: _____ (DATE)

I reviewed the complaint and the following action was taken: _____

IMMEDIATE SUPERVISOR SIGNATURE: _____ DATE RETURNED TO EMPLOYEE: _____

NAME OF HIGHER LEVEL SUPERVISOR



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TO EMPLOYEE: Route this form to the next highest level of supervision as indicated in Policy and/or Regulation 4144, 4244, 4344 if you do not concur with the action taken above. **Employee must indicate option below by 5th work day after receipt from supervisor.**

- Concur with action taken above and accept solution proposed thereby.
- Do not concur with action taken above and desire complaint to be submitted to Level 3 (District Level Appeal)

EMPLOYEE SIGNATURE: _____ DATE: _____

***Attach additional sheets if necessary**

LEVEL 3 – DISTRICT LEVEL APPEAL

REVIEWED BY SUPERINTENDENT (OR DESIGNEE): _____ (NAME)

DATE OF REVIEW: _____

**Superintendent (or designee) must meet with complainant by the 10th working day after receipt of written complaint.*

**Superintendent (or designee) must respond by the 5th working day after meeting with complainant.*

I have reviewed the complaint and the following action was taken: _____

SUPERINTENDENT (OR DESIGNEE) SIGNATURE: _____ DATE RETURNED TO EMPLOYEE: _____

TO EMPLOYEE: Route this form to the Board of Education as indicated in Policy and/or Regulation 4144, 4244, 4344 if you do not concur with the action taken above. **Employee must indicate option below by 5th work day after receipt from Superintendent (or designee).**

- Concur with action taken above and accept solution proposed thereby.
- Do not concur with action taken above and desire complaint to be submitted to Level 4 (Appeal to Governing Board)

EMPLOYEE SIGNATURE: _____ DATE: _____

***Attach additional sheets if necessary**

LEVEL 4 – APPEAL TO GOVERNING BOARD

DATE SUBMITTED TO THE BOARD OF EDUCATION: _____