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):

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________________________________________________________________________

Action Requested (By Employee):

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________________________________________________________________________

________________________________________________________________________

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: ___________________________
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: _______________________________