



# 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.

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Name of Employee submitting complaint: \_\_\_\_\_ Date: \_\_\_\_\_  
Position (Employee): \_\_\_\_\_ Location/Department (Employee): \_\_\_\_\_  
Immediate Supervisor (Name): \_\_\_\_\_

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### LEVEL 1 – INFORMAL COMPLAINT TO SUPERVISOR

DATE OF INFORMATIONAL MEETING WITH SUPERVISOR: \_\_\_\_\_

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### LEVEL 2 – SITE LEVEL FORMAL COMPLAINT

DATE OF RECEIPT OF SITE LEVEL FORMAL COMPLAINT: \_\_\_\_\_

*\*Supervisor must investigate and meet with complainant by the 10<sup>th</sup> working day after receipt of complaint.*

*\*Supervisor must respond by 5<sup>th</sup> 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 Human Resources immediately upon receipt from complainant and prior to action taken.**

Copy sent to Human Resources: \_\_\_\_\_ (DATE)

I reviewed the complaint and the following action was taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMMEDIATE SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE RETURNED TO EMPLOYEE: \_\_\_\_\_

NAME OF HIGHER LEVEL SUPERVISOR: \_\_\_\_\_



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

**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 5<sup>th</sup> 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 10<sup>th</sup> working day after receipt of written complaint.*

*\*Superintendent (or designee) must respond by the 5<sup>th</sup> 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 5<sup>th</sup> 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: \_\_\_\_\_