

**CLOVIS UNIFIED
SCHOOL DISTRICT**

**COMMUNITY RELATIONS
COMPLAINTS REGARDING DISTRICT EMPLOYEES**

COMPLAINT FORM

The Complaint Form is set forth on the following page and shall be used in accordance with Administrative Regulation No. 1312.1.

Reviewed: 01/14/2009, 10/14/2009, 11/13/2013

Amended: 09/22/1999, 02/22/2006, 01/23/2008, 02/22/2008, 05/10/2022 (EXH 9207/9208(1)
renumbered as EXH 1312.1(1))

Doc# 41655-3 (05/2022, None)



EXHIBIT NO. 1312.1(1)
COMPLAINT FORM

1450 Herndon Avenue
Clovis, CA 93611-0567
559-327-9000

Date Received:

Name of Complainant: _____ Date Filed: _____

Address: _____ City/Zip: _____

Home Phone: _____ Other Phone: _____ Email: _____

1. I wish to complain against (*person, program or activity*):

2. Location: _____ Date of incident: _____

3. Please specify the nature of your complaint and list specifics of *what, when, where, how* and *who was there* (attach additional page(s) if necessary):

4. Names and addresses and/or other contact information for witnesses or persons who can provide more information regarding this complaint:

5. Suggestions for an appropriate remedy or resolution of this complaint:

I certify under penalty of perjury that the foregoing statements and attachments are true and correct.

Signature of Complainant: _____ Date: _____

*Please file this complaint form with the appropriate school principal/department head
or at the District Office, 1450 Herndon Avenue, Clovis*