

**CLOVIS UNIFIED  
SCHOOL DISTRICT**

**COMMUNITY RELATIONS  
COMPLAINTS REGARDING DISTRICT EMPLOYEES**

APPEAL FORM

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

Adopted: 02/20/2008

Reviewed: 01/14/2009

Amended: 01/25/2012, 05/10/2022 (EXH 9207/9208(2) renumbered as EXH 1312.1(2))

Doc# 41656-4 (05/2022, None)



**EXHIBIT NO. 1312.1(2)**

**APPEAL FORM**

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

Date Received:
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Name of Complainant: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. I wish to file an appeal regarding the response to my complaint 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* and give any new information since the complaint (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 the complaint:

\_\_\_\_\_  
\_\_\_\_\_

5. Suggestions for an appropriate remedy or resolution of the 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*