

**CLOVIS UNIFIED  
SCHOOL DISTRICT**

COMMUNITY RELATIONS  
**COMPLAINTS REGARDING DISTRICT EMPLOYEES**

LEVEL 1 INFORMAL COMPLAINT FORM –  
COMPLAINTS REGARDING DISTRICT EMPLOYEES

The Level 1 Informal Complaint Form – Complaints Regarding District Employees is set forth in this Exhibit and shall be used in accordance with Board Policy and Administrative Regulation No. 1312.1.

Adopted: 09/26/2024



**EXHIBIT NO. 1312.1(1A)**

**LEVEL 1 INFORMAL COMPLAINT FORM –  
COMPLAINT REGARDING DISTRICT EMPLOYEES**

Any person who has a complaint regarding a District employee shall first submit a Level 1 informal complaint by communicating the complaint with the District employee (if the person is comfortable to do so) or with the employee's supervisor and/or the school or department administration and attempting to resolve the complaint informally. The communication may be through a written communication or completion of this Level 1 Informal Complaint Form. To resolve a complaint at the earliest opportunity, a Level 1 informal complaint shall be submitted within 30 days of the occurrence of the alleged conduct that is the subject of the informal complaint.

| CONTACT INFORMATION |              |                 |
|---------------------|--------------|-----------------|
| Name: _____         |              |                 |
| Address: _____      | City: _____  | Zip Code: _____ |
| Phone No.: _____    | Email: _____ |                 |

| CONCERNS/MATTERS OF INFORMAL COMPLAINT   |
|--|
| 1. Name of District employee, if known, regarding whom you have concerns: _____<br>_____   |
| 2. Site/location where District employee works, if known: _____<br>_____   |
| 3. Describe your concerns, listing specifics of what incident(s) occurred, when, where, and how did the incident(s) occurred, and who were involved (attach separate pages if additional spaces needed): _____<br>_____<br>_____<br>_____<br>_____<br>_____  |
| 4. Names and other contact information for witnesses or persons who can provide information regarding the incident(s): _____<br>_____  |
| 5. Suggestions for a resolution of your concerns (check all as applicable):<br><input type="checkbox"/> Meet with District employee listed above to discuss and resolve complaint<br><input type="checkbox"/> Meet with District employee's supervisors and/or school or department administration to discuss and resolve complaint<br><input type="checkbox"/> No action and response from the District are requested<br><input type="checkbox"/> Others (specify): _____ |

I certify under penalty of perjury that the foregoing statements and attachments (if any) are true and correct.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| FOR DISTRICT USE ONLY   |
|---|
| Date Level 1 Informal Complaint Received: _____   |
| Mark One: <input type="checkbox"/> Complaint untimely filed, not processed <input type="checkbox"/> Complaint withdrawn<br><input type="checkbox"/> Entire complaint informally resolved <input type="checkbox"/> Complaint partially resolved through informal resolution. Complainant may file Level 2 Formal Complaint as to unresolved alleged conduct<br><input type="checkbox"/> Other (specify): _____ |
| District Staff: Name _____ Signature _____ Date _____   |