

**CLOVIS UNIFIED
SCHOOL DISTRICT**

**COMMUNITY RELATIONS
COMPLAINTS REGARDING DISTRICT EMPLOYEES**

APPEAL FORM – COMPLAINTS REGARDING DISTRICT EMPLOYEES

The Appeal 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: 02/20/2008

Reviewed: 01/14/2009

Amended: 01/25/2012, 05/10/2022 (EXH 9207/9208(2) renumbered as EXH 1312.1(2)),
09/26/2024



EXHIBIT NO. 1312.1(2)

**APPEAL FORM –
COMPLAINTS REGARDING DISTRICT EMPLOYEES**

Name of Complainant: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Email: _____

1. I wish to file an appeal regarding the District’s response to my Level 2 formal complaint regarding the following District employee: _____

2. Attach a copy of your Level 2 formal complaint and the District's response.

3. State the reason(s) for your appeal: _____

4. Suggestions for an appropriate resolution of your appeal: _____

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

Signature of Complainant: _____ Date: _____

Please file this Appeal Form with the Associate Superintendent of School Leadership
at the District Office, 1450 Herndon Avenue, Clovis, CA 93611; telephone (559) 327-9000

FOR DISTRICT USE ONLY

Date Appeal Received: _____

Mark One: Appeal considered and response issued Appeal withdrawn

Other (specify): _____

District Staff: Name _____ Signature _____ Date _____