

Form A

ALVORD UNIFIED SCHOOL DISTRICT

~~10365 Keller Avenue~~ **9 KPC Parkway**
~~Corona~~ **Riverside**, California ~~92505~~ **92879**
(951) 509-5030

FORMAL EMPLOYEE COMPLAINT PROCEDURE
Step 1 2 – Site Level (after Step 1 – Informal Conference)

TO: _____ (Supervisor or Respondent)

COMPLAINANT: _____ DATE: _____

WORK SITE: _____ CLASS/JOB/TITLE: _____

RESPONDENT: _____

Date of Informal Conference: _____ Attendants: _____

Result of Step 1 – Informal Conference:

Statement of the nature of the complaint/**problem**. Include: applicable policy, rules and regulations, procedures or action, **names, dates, locations and witnesses**. Attach **additional documents as needed**. ~~a copy of a written description of the efforts to informally resolve this complaint.~~

ALL PERSONNEL (continued) **E(1 & 2) 4144/4244/4344 (b)**
Form A

ALL PERSONNEL (continued) **E(1 & 2) 4144/4244/4344 (b)**
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ALL PERSONNEL (continued) **E(1 & 2) 4144/4244/4344 (b)**
Form A

Remedy Sought: _____

To be completed by immediate supervisor:

Date incident occurred: _____ Date respondent given copy of complaint: _____
(Respondent has five working days to submit a response to his/her immediate supervisor.)

Supervisor's decision (delivered to complainant and respondent within 10 working days):

Supervisor's Signature: _____ Date: _____

Copy #1 – Complainant
Copy #2 – Respondent

Copy #3 – Supervisor
Copy #4 – ~~Personnel Services~~ Human Resources

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Step 3 – District Level (2nd Level)

RESPONDENT: _____

Additional information and reason for requesting a Level 2 complaint:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Form C

Remedy Sought: _____

Decision of Superintendent or Designee (must be rendered within 10 working days of receipt):

Date delivered to complainant: _____

Date delivered to respondent: _____

Signature of Superintendent or Designee: _____

Copy #1 – Complainant
Copy #2 – Respondent

Copy #3 – Supervisor
Copy #4 – ~~Personnel Services~~ Human Resources

Copy #5 – Superintendent or Designee

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Step 3 4 Appeal to the Governing Board (3rd Level)

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Form D

Remedy Sought: _____

Decision of Board of Education (must be rendered within 10 working days of receipt):

Date delivered to complainant: _____

Date delivered to respondent: _____

Signature of Board of Education or Designee: _____

Copy #1 – Complainant
Copy #2 – Respondent

Copy #3 – Supervisor
Copy #4 – ~~Personnel Services~~

Copy #5 – Superintendent or Designee
Human Resources Copy #6 – Board of Education