



**Compton Unified School District**  
**Human Resources & Employee Development**  
*Office of Employee Relations*

**CERTIFICATED PERSONNEL COMPLAINT FORM**

Name of Complainant:

\_\_\_\_\_

Last	First	Job Title	Work Location
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Contact Numbers

\_\_\_\_\_

Home	Cellular	Work	E-mail
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**INFORMAL LEVEL**

Date of meeting: \_\_\_\_\_ Who attended: \_\_\_\_\_

Meeting Results: \_\_\_\_\_

Date cause of complaint occurred: \_\_\_\_\_. State specific provision of law, district policy, or regulations alleged to have been violated by number, letter code, section, (if known), or other reason for complaint:

Who are you alleging has violated your rights?

Name	Title
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Please answer the following questions:

When and where did the violation occur?

Date / Time _____	Location _____
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Where there any witnesses?

Yes  No

If you answered yes, who?

\_\_\_\_\_

Name / Title

Briefly describe what occurred. (Attach additional pages as needed)

501 South Santa Fe Ave., Compton, CA 90221 . (310)639-4321 Extension 55075

**\*This form is to be used for any complaint which does not involve an Educational Program**

Date: \_\_\_\_\_

Why do you feel this happened?

Corrective action requested.

Signature of Complaint

Date

Did you receive a copy of the Board Policy Complaint Procedure:  Yes  No

If you answered yes, when? \_\_\_\_\_

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Date: \_\_\_\_\_

**Step I – Working Site Level – Immediate Supervisor**

Time Line: <b>10 days</b>	Was complaint presented orally and informally to <b>immediate supervisor</b> and promptly resolved?
Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (Employee may submit a Staff Complaint Form to immediate supervisor who shall render a decision within <b>10 work days</b> ).
	Date decision was sent: _____ Supervisor: _____

Is complainant satisfied with the decision?  Yes  No (Go to next level)

**Supervisor shall render a decision in writing using the Complaint Response Form if not resolved.**

**STEP II – Site Level – Appeal to Appropriate Director, Principal or Supervisor**

(Within **20 work days** of receiving decision)

Time Line: <b>20 days</b>	The supervisor shall, within <b>20 work days</b> of receipt of the appeal, <u>investigate</u> and render a decision, in writing, to the complainant, the immediate supervisor, and to the persons originally involved in the complaint.
Date: _____	Date decision was sent: _____ Supervisor: _____

Is complainant satisfied with the decision?  Yes  No (Go to next level)

**STEP III – District Level – Superintendent or Official Designee**

Time Line: <b>10 days</b>	The Superintendent or official designee shall, within <b>10 work days</b> of receipt of the appeal, investigate and render a decision, in writing, to the complainant, the principal or immediate supervisor, and the person or persons originally involved in the complaint.
Date: _____	Date decision was sent: _____ Supervisor: _____

Is complainant satisfied with the decision?  Yes  No (Go to next level)

**STEP IV – Board of Trustees Level**

Time Line: <b>30 days</b>	The Board shall, within 30 work days following receipt of the appeal, investigate and render a final decision, in writing, to the complainant, the principal or immediate supervisor, and to the person or persons originally involved in the complaint.
Date: _____	Date final decision was sent: _____ Supervisor: _____

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Date: \_\_\_\_\_

**Complaint received by:**

\_\_\_\_\_

Name	Title	Date
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**Accused notified by:**

\_\_\_\_\_

Name	Title	Date
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