

## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

## Complaint Concerning School Personnel

Preliminary steps in AR 1312.1 must be followed prior to submitting this form

Date	
Last Name	First Name
Street Address/Apt. #	
City	Zip
Home Phone ( )	Message/Work Phone ( )
Date of Incident	
Location of Incident	

Has the complaint been discussed with the school principal, employee or his/her supervisor?

To whom have you spoken? (Write name(s) in space provided.)

District Office Staff	 Date:
Principal	 Date:
Assistant Principal	 Date:
Counselor	 Date:
Teacher	 Date:
Supervisor	 Date:
Staff Member	 Date:

What was the result of the discussion?

Explanation of complain(Please print or type. Use additional sheets if necessary):

If you desire a remedy or wish the District to take a particular course of action, please specify what you would like:

Signature of Complainant

Distribution:

Superintendent/Designee Supervisor Employee Date submitted

Complaint #:

Date Received:

Rev.5.3.13/bp