



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Complaint Concerning **District** 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.)

- | | | |
|--|-------|-------------|
| <input type="checkbox"/> District Office Staff | _____ | Date: _____ |
| <input type="checkbox"/> Principal | _____ | Date: _____ |
| <input type="checkbox"/> Assistant Principal | _____ | Date: _____ |
| <input type="checkbox"/> Counselor | _____ | Date: _____ |
| <input type="checkbox"/> Teacher | _____ | Date: _____ |
| <input type="checkbox"/> Supervisor | _____ | Date: _____ |
| <input type="checkbox"/> Staff Member | _____ | Date: _____ |

What was the result of the discussion?

Explanation of complaint (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

Date submitted

Distribution:
Superintendent/Designee
Supervisor
Employee

Complaint #: _____

Date Received: _____