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 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: _______________________

Rev. 5.3.13/bp  (BLUE FORM)