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: