



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 Code: _____

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?

