



Alpine County Office of Education Alpine County Unified School District

43 Hawkside Drive, Markleeville, California 96120

Telephone (530) 694-2230

www.alpinstudents.org

COMPLAINT AGAINST SCHOOL PERSONNEL FORM - BP/AR 1312.1

PLEASE CHECK ONE: Staff <input type="checkbox"/>				Parent/Guardian <input type="checkbox"/>	Student <input type="checkbox"/>	Other/Volunteer <input type="checkbox"/>
FROM:			TITLE:			
MAILING ADDRESS:			CITY, STATE ZIP CODE:			
PHONE:			EMAIL:			
WORKSITE:			SUPERVISOR:			
NAME OF PERSON AGAINST WHOM COMPLAINT IS BEING MADE:						

AR 1312.1 Complaints Concerning District Employees (1)

Have you tried to orally resolve your concern or complaint with the employee against whom you are filing the complaint? YES NO If you have not, are you willing to resolve your complaint orally with this employee? YES NO

If you have been unable or are unwilling to resolve the complaint with the person directly involved, you may submit a written complaint that must include (you may attach additional pages):

AR 1312.1 Complaints Concerning District Employees (5)(a)(b)(c)

Name of each employee involved:

A brief but specific description of the complaint and the surrounding facts:

A specific description of any prior attempt to discuss the complaint with the employee and the failure to resolve the matter

By signing this form, I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____