



# Alpine County Office of Education Alpine County Unified School District

43 Hawkside Drive, Markleeville, California 96120

Telephone (530) 694-2230

[www.alpinestudents.org](http://www.alpinestudents.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: \_\_\_\_\_