

**TRINITY ALPS UNIFIED SCHOOL DISTRICT  
COMPLAINT FORM**

Date: \_\_\_\_\_

Complainant \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates) of Incident(s) \_\_\_\_\_

If applicable, name of employee(s) involved: \_\_\_\_\_

Complaint: Briefly summarize the complaint giving names and any details that will help the District understand the circumstances. Additional pages may be used if more space is required.

If the complaint is against an employee, describe any prior attempt to discuss the complaint with the employee and the failure to resolve the matter.

Recommended Action: How would you like this matter to be resolved?

Signature of Complainant: \_\_\_\_\_

**Return this form to the Superintendent  
P.O. Box 1227 – 321 Victory Lane  
Weaverville, CA 96093  
(530) 623-6104 Ext. 252**