FREMONT UNION HIGH SCHOOL DISTRICT

COMPLAINT FORM: GENERAL

California Code of Regulations – Title 5 – 4600-4687
FUHSD Board Policy 1312 - Exhibit 1312

PART I: CONTACT INFORMATION (Used for follow up communication and official responses)

Last Name | **First Name** | **Gender** ☐ **Male** ☐ **Female**

Home Phone | **Mobile Phone** | **E-mail Address**

Street Address | **Apt.** | **City** | **ZIP Code**

Please Mark One Choice Below:

☐ **Parent** ☐ **Student** ☐ **Employee** ☐ **Other** (please describe):_____

PART 2: COMPLAINT INFORMATION

Please describe the issue of your complaint:
Include as much detail as needed to thoroughly describe your complaint. Please include dates, names of witnesses and any/all previous communication you have had about this issue. You may attach additional pages, if needed.

PART 3: SIGNATURES

Printed Name | **Signature** | **Date**

Please send or deliver to: Fremont Union HSD, Attn: Assoc. Sup. of Admin Services
589 W. Fremont Avenue, Sunnyvale, CA 94087