

**Oroville Union High School District**  
2211 Washington Avenue, Oroville, CA 95966  
**(530) 538-2300**

**UNIFORM COMPLAINT FORM**

Name of Complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

**TYPE OF COMPLAINT (Circle One)**

Selection of  
School/District Programs    Personnel    Instructional Materials    Discrimination

The date of the event or circumstances upon which this complaint is based: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facts upon which this complaint is based are as follows: (attach additional sheets, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that this complaint be resolved as follows: (attach additional sheets, if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION UNDER PENALTY OF PERJURY**

I declare under penalty of perjury that the foregoing is true and correct. This Declaration was executed on \_\_\_\_\_ at \_\_\_\_\_, California.  
(Date) (City)

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Please Print Name)