UPPER LAKE UNIFIED SCHOOL DISTRICT

675 Clover Valley Road, Upper Lake, CA 95485

COMPLAINT FORM

Check One

☐ Employee ☐ Applicant ☐ Parent/Guardian ☐ Public ☐ Student

Date (mm/dd/yy): / /

Site/Location: Administrator:

Name of Complainant (Print):

Address:

Home/Work Phone: Location:

Please indicate the type of complaint below: (BP refers to Board Policy; E refers to Exhibit)

Employee/Applicant

Employment Discrimination/ Harassment *(BP 1312.3, 4144)*

☐ Discrimination *(BP 1312.3)*

☐ Employee Complaint *(BP 4144)*

☐ Other:

Parent/Public

☐ Complaint Concerning Schools *(BP 1312)*

☐ Complaint Concerning District Employee(s) *(BP 1312.1)*

☐ Complaint Concerning Instructional Materials *(BP 1312.2)*

☐ Discrimination in Programs *(BP 1312.3)*

Student

☐ Student Complaint *(BP 5144, 5145.7)*

Person(s) Involved in Complaint: 1._____ 2._____

Date of Occurrence (mm/dd/yy): _____/_____/_____ Time: Witness: _____

Ethnicity (if applicable): Age (if applicable): Sex: ☐ Male ☐ Female

Briefly Describe Issue:

Complainant's Requested Remedy: