



YREKA UNION SCHOOL DISTRICT

309 Jackson Street, Yreka, CA 96097
P: 530.842.1168 • F: 530.842.4576

Jami Carver, Superintendent

Complaint Form

Name of Complainant:	Date of Filing:
Address:	Phone Number:

Level 1 - Date and Nature of Incident or Complaint: A description of the event, including school personnel involved, and the remedy or resolution requested. The written complaint must be filed within 30 days of the event or from the date an individual could reasonably become aware of the event. Please submit to the site principal or designee.

Resolution by Administration: _____

Office Use Only

Date Received: _____ By: _____

Date Response Issued: _____ By: _____

