

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:

Employee/Applicant	Parent/Public	Student
<input type="checkbox"/> Employment Discrimination/ Harassment	<input type="checkbox"/> Complaint Concerning Schools	<input type="checkbox"/> Student Complaint
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Complaint Concerning District Employee(s)	
<input type="checkbox"/> Employee Complaint	<input type="checkbox"/> Complaint Concerning Instructional Materials	
<input type="checkbox"/> Other:	<input type="checkbox"/> Discrimination in Programs	

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:

Return completed form to: Patrick Iaccino, Superintendent
Upper Lake Unified School District
675 Clover Valley Road, Upper Lake, CA 95485