



**UPPER LAKE UNION HIGH SCHOOL DISTRICT**  
675 Clover Valley Road, Upper Lake, CA 95485

**COMPLAINT FORM**

Check One

<input type="checkbox"/> Employee	<input type="checkbox"/> Applicant	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Public	<input type="checkbox"/> Student
Date (mm/dd/yy):            /            /				
Site/Location:		Administrator:		
Name of Complainant (Print):				
Address:				
Home/Work Phone:		Location:		
<b>Please indicate the type of complaint below:</b> (BP refers to Board Policy; E refers to Exhibit)				
<b>Employee/Applicant</b>		<b>Parent/Public</b>	<b>Student</b>	
Employment Discrimination/ Harassment (BP 1312.3, 4144)		<input type="checkbox"/> Complaint Concerning Schools (BP 1312)	<input type="checkbox"/> Student Complaint (BP 5144, 5145.7)	
<input type="checkbox"/> Discrimination (BP 1312.3)		<input type="checkbox"/> Complaint Concerning District Employee(s) (BP 1312.1)		
<input type="checkbox"/> Employee Complaint (BP 4144)		<input type="checkbox"/> Complaint Concerning Instructional Materials (BP 1312.2)		
<input type="checkbox"/> Other:		<input type="checkbox"/> Discrimination in Programs (BP 1312.3)		
Person(s) Involved in Complaint: 1. _____ 2. _____				
Date of Occurrence (mm/dd/yy): ____ / ____ / ____			Time: _____	
Witness: _____				
Ethnicity (if applicable):		Age (if applicable):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Briefly Describe Issue:				
Complainant's Requested Remedy:				