



LAKEPORT UNIFIED SCHOOL DISTRICT
 2508 Howard Avenue, Lakeport, CA 95453

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	Parent/Public	Student
Employment Discrimination/ Harassment <i>(BP 1312.3, 4144)</i> <input type="checkbox"/> Discrimination <i>(BP 1312.3)</i> <input type="checkbox"/> Employee Complaint <i>(BP 4144)</i> <input type="checkbox"/> Other:	<input type="checkbox"/> Complaint Concerning Schools <i>(BP 1312)</i> <input type="checkbox"/> Complaint Concerning District Employee(s) <i>(BP 1312.1)</i> <input type="checkbox"/> Complaint Concerning Instructional Materials <i>(BP 1312.2)</i> <input type="checkbox"/> Discrimination in Programs <i>(BP 1312.3)</i>	<input type="checkbox"/> Student Complaint <i>(BP 5144, 5145.7)</i>

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: