



# Human Resource Services

## Complaint Form

For Office Use Only

Check One

Case #:

- 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 (BP 1312.3, 4144)  
 Age  
 Sex  
 Sexual Orientation  
 Gender  
 Ethnic Group Identification  
 Race  
 Ancestry  
 National Origin  
 Religion  
 Color  
 Mental or Physical Disability  
 Employee Complaint  
 (BP 4144)  
 Other:

- Complaint Concerning Schools  
 (BP 1312)  
 Complaint Concerning District  
 Employee(s) (BP 1312.1)  
 Complaint Concerning Instruc-  
 tional Material (BP 1312.2)  
 Discrimination in Programs  
 (BP 1312.3)  
 Williams Case: Complaint  
 Concerning Insufficiency of  
 Instructional Materials,  
 Emergency or Urgent Facilities  
 Conditions, and Teacher  
 Vacancy or Misassignment  
 Issues (BP 1312.4, E[1] 1312.4)

- 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: