

Willows Unified School District 823 W. Laurel St. • Willows, CA 95988 (530) 934-6600

COMPLAINT FORM

Please complete the following form if there is a complaint or charge against any school site, program, office or school district employee. Submit this complaint form to the Willows Unified School District Office at 823 West Laurel St, Willows, CA 95988. Call (530) 934-6600 for assistance with completing the form. The District will issue a written decision within 60 days.

Last	First	
Address	City	
State Zip	Email	
Home Phone	Other Phone	
Location and date of the event leading to the complain	int	
Name of the person(s) you are complaining about		
Please check the box next to the area your complaint is Programs	s about:	
☐ Adult Education	☐ Pupil Fees	
☐ Career Technical Education	☐ Foster/Homeless Youth	
☐ Program for English Learners	☐ Migrant Education	
☐ Child Nutrition Programs	☐ Other (Please Specify)	
District Departments ☐ Business Services ☐ State & Federal Programs ☐ Curriculum ☐ Education Services ☐ (K-12, Adult) ☐ Facilities Services ☐ Food Services	 ☐ Health Services ☐ Human Resources ☐ Technology Services ☐ Special Education ☐ Transportation ☐ Other (Please Specify)	
Discrimination (If you believe it's discrimination, ple ☐ Race ☐ Age	ase check the type) Gender Other (Please Specify)	
Continue to the next page		

DETAILS OF COMPLAINT

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

1. Please describe the type of incident(s) you expense	rienced that led to this complaint:
2. List any witnesses and contact information if av	railable:
3. What steps, if any, have you taken to resolve this	s issue before filing a complaint:
Signature of Complainant	Date
For O	ffice Use Only
Received by:	Date Filed:
Title:	Location:
Case Number:	BP: IC: