



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 complaint																										
Name of the person(s) you are complaining about																										
<p><i>Please check the box next to the area your complaint is about:</i></p> <p>Programs</p> <table> <tr> <td><input type="checkbox"/> Adult Education</td> <td><input type="checkbox"/> Pupil Fees</td> </tr> <tr> <td><input type="checkbox"/> Career Technical Education</td> <td><input type="checkbox"/> Foster/Homeless Youth</td> </tr> <tr> <td><input type="checkbox"/> Program for English Learners</td> <td><input type="checkbox"/> Migrant Education</td> </tr> <tr> <td><input type="checkbox"/> Child Nutrition Programs</td> <td><input type="checkbox"/> Other (Please Specify) _____</td> </tr> </table> <p>District Departments</p> <table> <tr> <td><input type="checkbox"/> Business Services</td> <td><input type="checkbox"/> Health Services</td> </tr> <tr> <td><input type="checkbox"/> State & Federal Programs</td> <td><input type="checkbox"/> Human Resources</td> </tr> <tr> <td><input type="checkbox"/> Curriculum</td> <td><input type="checkbox"/> Technology Services</td> </tr> <tr> <td><input type="checkbox"/> Education Services (K-12, Adult)</td> <td><input type="checkbox"/> Special Education</td> </tr> <tr> <td><input type="checkbox"/> Facilities Services</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Food Services</td> <td><input type="checkbox"/> Other (Please Specify) _____</td> </tr> </table> <p>Discrimination <i>(If you believe it's discrimination, please check the type)</i></p> <table> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Gender</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Other (Please Specify) _____</td> </tr> </table>			<input type="checkbox"/> Adult Education	<input type="checkbox"/> Pupil Fees	<input type="checkbox"/> Career Technical Education	<input type="checkbox"/> Foster/Homeless Youth	<input type="checkbox"/> Program for English Learners	<input type="checkbox"/> Migrant Education	<input type="checkbox"/> Child Nutrition Programs	<input type="checkbox"/> Other (Please Specify) _____	<input type="checkbox"/> Business Services	<input type="checkbox"/> Health Services	<input type="checkbox"/> State & Federal Programs	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Technology Services	<input type="checkbox"/> Education Services (K-12, Adult)	<input type="checkbox"/> Special Education	<input type="checkbox"/> Facilities Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Food Services	<input type="checkbox"/> Other (Please Specify) _____	<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> Age	<input type="checkbox"/> Other (Please Specify) _____
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