TULELAKE BASIN JOINT UNIFIED SCHOOL DISTRICT
P.O. Box 640, Tulelake, CA 96134 - 530.236.7431 - tulelakeschools.org
Brian Norby, Superintendent - Kevin Nicholson, Board President

COMPLAINT FORM

DIRECTIONS: Complete form and submit complaint to:

Attn: Brian Norby, Superintendent
Tulelake Basin Joint Unified District

Name of the Complainant: _____

If an employee, state job title/site: _____

If a student, state school site: _____

Complainant's Mailing Address: _____

Complainant's Phone Number: _____

Complainant's Email: _____

Name of the person/position against whom the complainant is made: _____

Are you filing the complaint on behalf of someone else? _____

If so, specify by name and affiliation to you or for whom you are filing this complaint: _____

_____

Has the complaint been discussed with the person named in the complaint? _____

State who you have spoken to about the complaint and specify the date/s when this occurred: _____

_____

Describe specifically your complaint. Please use additional pages if necessary and attach them to this document: _____

_____

_____

_____

State the date/s in which the event or action of the complaint occurred: _____

_____

State the specific location of the alleged act and all witnesses present to the alleged act: _____

_____

_____

_____

If applicable, state the specific laws/regulations or school district rules that were allegedly violated:

_____

_____

_____

_____

What resolution or corrective action/s are you seeking/requesting concerning your complaint? _____

_____

_____

_____

_____

_____

_____

Date complaint submitted: _____

Signature of complainant: _____