

ESCONDIDO UNION HIGH SCHOOL DISTRICT COMPLAINT FORM

Name _____ Site _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Complaint Filed Against

- Person _____
- Program _____

Basis for Complaint

Discrimination, harassment, intimidation or bullying based on:

- | | |
|--|---|
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Age | <input type="checkbox"/> Race/Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sex/Sexual Orientation |
| <input type="checkbox"/> Gender/Expression/Identity | <input type="checkbox"/> Other |
| <input type="checkbox"/> Marital/Parental/Pregnancy Status | _____ |

Nature of Complaint

This should be a description in your own words of the ground of your complaint, including ALL names, dates, and places necessary for a complete understanding of your complaint.

Has the complaint been discussed with anyone? No Yes (If yes, please complete info below)

To whom have you spoken?
Name _____ Site _____
Date of communication:

Day _____ Date _____ Time _____

Name _____ Site _____
Date of communication:

Day _____ Date _____ Time _____

Result of Discussion: _____

It is understood that in the case of a complaint against an employee, if a hearing is to be held by the Board of Education or a committee thereof, such hearing will be held in Executive Session with the press and public excluded and complainant will be informed of the time, date, and place.

I certify that the foregoing is true and correct.

Signature _____ Date _____

Return to: Dr. Olga E. West, Ed. D.
Assistant Superintendent, Human Resources
Escondido Union High School District
302 North Midway Drive
Escondido, CA 92027-2741