

COMPLAINT FORM / UNIFORM COMPLAINT PROCEDURES

Name:	
Address:	
Phone Number: D	ay: Evening:
E-mail address, if	any:
complaint regardin	hool district policy on Uniform Complaint Procedures and wish to file a g a violation of federal or state laws or regulations governing the following m which is covered under this procedure.
(State or federally fund under the Uniform Con	led educational program in which the alleged violation occurred or other violation covered mplaint Procedure)
•	not subject to the Uniform Complaint Procedure, the district representative ne agency to which the complainant has been referred.
(Agency to which com Procedures)	plainant has been referred if this complaint is not covered by the Uniform Complaint
involved the educa	MPLAINT: Describe the nature of the alleged violation. If this complaint ational service provided to a specific child, please give the name, grade, and ent. Attach additional pages if necessary.
	TION:
MEDIATION: I h this complaint.	ave been offered and an opportunity for mediation of (accept/reject)
Signature	Date
Complaint Received By:	Name Title Date