Series 1000 – Community Relations

UNIFORM COMPLAINT PROCEDURES FORM

Type of Complaint:
(See definitions in policy: SP 1312.3 & AR 1312.3)
☐ Personnel ☐ Instructional Materials
☐ Unlawful Discrimination ☐ Student Fees
☐ Bullying/Harassment ☐ LCAP
☐ Program Compliance ☐ Other

Individual Filing Complaint: ________________________________ (please print)
Address, City, Zip: __________________________________________
Telephone: ____________________________ Cell: __________________

Employee(s) involved in complaint (if applicable):
___________________________________________________________
___________________________________________________________

School site, program, and/or materials involved in complaint (if applicable):
__________________________________________________________________________________________________________

Nature of Complaint:
(This should be a description in your own words of your complaint, including all names, dates, times, and places necessary for a complete understanding of your complaint.)
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

(You may attach additional pages if necessary to describe the complaint)
Has the complaint been discussed with a County Office Administrator? 

To whom have you spoken?

When? Date(s) 

What was the result of the discussion?

I understand that the Compliance Officer may request additional information from me regarding this complaint, and if such information is available, I shall present it upon request.

I also understand that a copy of this complaint may be given to the person(s) against whom this complaint is being made, and he/she (they) will be given the opportunity to respond in writing to this complaint, and that I will receive a copy of such response.

I also understand that this complaint will be investigated in accordance with Board Policy 1312.3.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on ____________________________, at ____________________________

(date) (city)

California.

Signature ____________________________ Date ____________________________

Submit Complaint to:

Mary Hang, Executive Director of Human Resources
Yuba County Office of Education
Human Resources Department
935 14th Street, Marysville, CA 95901
530-749-4870
mary.hang@yubacoe.k12.ca.us