



Quarterly Uniform Complaint Form

[Education Code 35186]

District: _____

Person completing this form: _____

Title: _____

Quarterly Report Submission Date: *(check one)*

- April 30, 2015 (Jan-Mar 2015)
- July 31, 2015 (Apr-Jun 2015)
- October 31, 2015 (Jul-Sep 2015)
- January 31, 2016 (Oct-Dec 2015)

Date for information to be reported publicly at governing board meeting: _____

Please check the box that applies:

- No complaints were filed with any school in the district during the quarter indicated above.
- Complaints were filed with schools in the district during the quarter indicated above. The following chart summarizes the nature and resolution of these complaints.

Area of Complaint	Total # of Complaints	# Resolved	# Unresolved
Textbooks and Instructional Materials			
Teacher Vacancy or Misassignment			
Facilities Conditions			
TOTALS			

Print Name of District Superintendent

Signature of District Superintendent

Date

Please return completed form to Lisa Boyer, Williams Settlement Administrative Assistant
 CCCOE – 77 Santa Barbara Rd. Pleasant Hill, CA 94523
 FAX: (925) 942-3480 E-MAIL: lboyer@cccoe.k12.ca.us