

**UNIFORM COMPLAINT PROCEDURES  
QUARTERLY UNIFORM COMPLAINT REPORT SUMMARY**

**For submission to School District Governing Board and County Office of Education**

District Name: \_\_\_\_\_

Quarter covered by this report (ex. Jan. – Mar. 2005): \_\_\_\_\_ through \_\_\_\_\_

Please fill in the following table; enter 0 in any cell that does not apply.

<b>DESCRIPTION</b>	<b>NUMBER OF COMPLAINTS RECEIVED IN QUARTER</b>	<b>NUMBER OF COMPLAINTS RESOLVED</b>	<b>NUMBER OF COMPLAINTS UNRESOLVED EXPLANATION ATTACHED</b>
Instructional Materials			
Facilities			
Teacher Vacancy and Misassignment			
CAHSEE Intensive Instruction and Services			
Totals			

Submitted by: \_\_\_\_\_ (Print Full Name) \_\_\_\_\_ (Title)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_