



BELLEVUE UNION SCHOOL DISTRICT UNIFORM COMPLAINT FORM



Community Relations

BP 1312.3 Form

Direct to Uniform Complaint Officer:
Director of Student Services
3150 Education Dr
Santa Rosa, CA 95407

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| Date Received: _____ by _____ |
| Date Contacted Complainant: _____ by _____ |
| Date of Resolution: _____ by _____ |

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

This complaint alleges discrimination, harassment, or noncompliance with state or federal Regulations at the following : _____
(school, site or program)

In the space provided below, please indicate the nature of the problem. Please be as specific as possible.

Have you discussed the problem with a staff member or administrator? If so, what was the outcome of your discussion?

Indicate below your recommendations for resolving the problem.

Signature of Complainant _____ Date _____

(If additional space is needed for answered to above questions, please attach a separate sheet of paper.)