



BUCKEYE UNION SCHOOL DISTRICT
UNIFORM COMPLAINT FORM

E 1312.3

Date received in office: _____

Note: AR 1312.3 (attached) should be followed in resolving this complaint.

Date: _____

To: Assistant Superintendent, Administrative Services

Re: _____

School - _____

From: _____

Parent's Name: _____

Address: _____

Phone: _____

Check which of the following applies to complaint below:

___ Unlawful discrimination (such as discriminatory harassment, intimidation, and bullying)

___ A violation of state and federal laws and regulations governing educational programs

___ Noncompliance with state law prohibiting the charging of student fees

Summary of alleged discrimination and facts concerning it, including the date:

Statement of how complainant feels the complaint should be resolved:

Signature of Complainant(s): _____

****NOTE:** All complaints must be received within six (6) months of the incident.**

Please submit this complaint to:

Assistant Superintendent, Administrative Services
Buckeye Union School District Office
P.O. Box 4768 – 5049 Robert J. Mathews Pkwy.
El Dorado Hills, CA 95762