

---

*Series 1000 – Community Relations*

**UNIFORM COMPLAINT PROCEDURES FORM**

**Type of Complaint:**

(See definitions in policy: SP 1312.3 & AR 1312.3)

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel               | <input type="checkbox"/> Instructional Materials |
| <input type="checkbox"/> Unlawful Discrimination | <input type="checkbox"/> Student Fees            |
| <input type="checkbox"/> Bullying/Harassment     | <input type="checkbox"/> LCAP                    |
| <input type="checkbox"/> Program Compliance      | <input type="checkbox"/> 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)

---

*Series 1000 – Community Relations*

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 14<sup>th</sup> Street, Marysville, CA 95901  
530-749-4870  
[mary.hang@yubacoe.k12.ca.us](mailto:mary.hang@yubacoe.k12.ca.us)