

San Mateo County Superintendent of Schools  
Complaint Procedures Handbook

**Uniform Complaint Form**

TO: Compliance Officer, San Mateo County Office of Education  
101 Twin Dolphin Drive, Redwood City, CA 94065-1064

FROM: Name(s) \_\_\_\_\_  
Address(es) \_\_\_\_\_  
Telephone # \_\_\_\_\_

Do you request a response to this request?    \_\_\_ yes    \_\_\_ no

Please explain in detail the nature of your complaint. Include dates and names whenever possible.  
You may attach a separate sheet if necessary.

Were there any witnesses? If so, please list name(s) and contact information.

Are there any other individuals you want to be contacted in regard to your complaint? If so, list the name(s), contact information and the reason you wish the person(s) to be contacted.

What action do you suggest be taken regarding your complaint?

Is there anything else about your complaint you would like us to know?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date