

# UNIFORM COMPLAINT PROCEDURE

This form must be completed and submitted when a person or organization believes the district has violated a federal or state law or regulation governing one of the following: (a) Adult Basic Education, (b) Child Care and Development, (c) Child Nutrition, (d) Consolidated Categorical Aid Programs, (e) Migrant Education, (f) Special Education, and (g) Vocational Education.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Principal/Immediate Supervisor  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

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

Program addressed in this complaint:

\_\_\_\_\_

### Nature of the complaint:

**\*\*This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your concern.**

(Please feel free to use additional pages as necessary, to fully describe your concern.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Originator

\_\_\_\_\_  
Signature of Originator

\_\_\_\_\_  
Signature of Originator