WASHINGTON UNION SCHOOL DISTRICT UNIFORM COMPLAINT FILING FORM

File #

ĺ	Please complete	all information. If you ne	eed help filling out the	form, please call 831-484-2166	
Date N		Name of Complainant		School	
Address		City	Zip Code	Phone Number	
Phone (Da	ay)	Phone (Evening)	Phone (Cell)	
Name of o	other party invovl	ed:			
Last		First	t	Middle Initial	
School/Sit	te subject to com	plaint	Name of Stude	ent (if Relevant)	
A. B. Name of F	age, color, or p in any program I am filing a cor following: adult education, child programs and f	hysical/mental disablity, or activity that receives mplaint alleging failure to education, consolidated care and development	sex, sexual orientation o comply with a violation d categorical aid programs, child nutrit	on ethnic group identification, religion, on, race, ancestry, national origin on of federal or state laws in any of the ams, migrant education, vocational cion programs and special education Please specify the program(s).	
Alleged La	aw/Regulation Vi	olated:			
(Descripti complaint	• "	please be clear and con	cise in your statement	t of the circumstances involved in your	

(if necessary, continue on back side of this sheet)

Specific remedy sought by complainant:			
0:			
Signature of complainant or representative			
	Signature of person receiving complaint		
	Date received by District Compliance Officer		
	Date of final written decision: Findings and disposition		
	of complaint (see attached full report)		
	Data complaintent naticed of right to appeal the		
	Date complaintant noticed of right to appeal the decision to the California Department of Education		
	and procedures to be followed for initiating such an		
	appeal.		

File #

Logged by

File this form with the WUSD Human Resources Department, 43 San Benancio Rd., Salinas, CA 93908

WASHINGTON UNION SCHOOL DISTRICT UNIFORM COMPLAINT FILING FORM

File	#			
------	---	--	--	--