



Quarterly Report on *Williams* Uniform Complaints

[Education Code § 35186]

District: _____

Person completing this form: _____ Title: _____

Quarterly Report Submission Date: _____
(*check one and include year*)

<input type="checkbox"/>	April	(for Jan-Mar)
<input type="checkbox"/>	July	(for Apr-June)
<input type="checkbox"/>	October	(for July-Sept)
<input type="checkbox"/>	January	(for Oct-Dec)

Date for information to be reported publicly at governing board meeting: _____

Please check the box that applies:

- ☐ No complaints were filed with any school in the district during the quarter indicated above.
- ☐ Complaints were filed with schools in the district during the quarter indicated above. The following chart summarizes the nature and resolution of these complaints.

General Subject Area	Total # of Complaints	# Resolved	# Unresolved
Textbooks and Instructional Materials			
Teacher Vacancy or Misassignment			
Facilities Conditions			
TOTALS			

Print Name of District Superintendent

Signature of District Superintendent

Date

Please return completed form to Denise Warren, Administrative Asst.
ACOE – 313 W. Winton Ave., Hayward, CA 94544-1136
FAX: (510) 670-3747 E-MAIL: dwarren@acoe.org