



ALAMEDA COUNTY OFFICE OF EDUCATION

Leadership and Service...For Every Child, In Every School, Every Day!

Quarterly Report on *Williams* Uniform Complaints

[Education Code § 35186]

District:_____.

Person completing this form:_____ Title:_____.

Quarterly Report Submission Date:

(*check one and include year*)

☐ October (for July-Sept)

☐ January (for Oct-Dec)

☐ April (for Jan-Mar)

☐ July (for Apr-June)

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 Sierra Falcon, Program Specialist
ACOE – 313 W. Winton Ave., Hayward, CA 94544-1136
FAX: (510) 670-3557 E-MAIL: sfalcon@acoe.org