



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