

ALBANY UNIFIED SCHOOL DISTRICT
904 TALBOT AVENUE
ALBANY, CA 94706

PUBLIC COMPLAINT FORM

NAME OF COMPLAINANT: _____
COMPLAINANT ADDRESS: _____
TELEPHONE: _____
Name and grade of student(s)
(if applicable): _____

Please indicate steps taken to date pursuant to Administrative Regulation 1310 of Board Policy 1310, "PUBLIC COMPLAINTS":
FIRST LEVEL: Please describe efforts to discuss issue with the Administrative, Certificated or Classified Staff Member:

SECOND LEVEL: Please describe efforts to satisfactorily resolve the complaint with the Site Principal/Program Manager:

THIRD LEVEL: If you feel a satisfactory solution has not been reached with the Site Principal/Program Manager, please submit a written request for a conference with the Superintendent of Schools, 904 Talbot Avenue, Albany, CA 94706. Include a copy of this Uniform Complaint Form with the information indicated below.

• The respect in which it is alleged that the complainant (or child of the complainant) has been adversely affected:

• The action which the complainant wishes taken and the reasons why it is felt that such action should be taken:

FOURTH LEVEL: Should this matter still not be resolved, or is a matter beyond the Superintendent's authority, submit a request in writing, for a hearing by the Board of Education. The Complainant shall be advised in writing of the Board's decision no more than thirty (30) days following the hearing.

DATE OF COMPLAINT: _____
SIGNATURE OF COMPLAINANT: _____

PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY

For District Use Only	
Complaint Form Received by:	Date Received:
Action Taken:	Date: