

Exhibit

Uniform Complaint Procedures
Community Relations

E 1312.3

UNIFORM COMPLAINT PROCEDURES FORM SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT

FOR OFFICE USE ONLY:

_____ Date Received
_____ Date Complainant Contacted
_____ Date Complainant Notified of Resolution

Please Direct to:

**Office of Human Resources
San Lorenzo Valley USD
325 Marion Avenue
Ben Lomond, CA 95005**

DATE: _____ PHONE #: _____

NAME: _____ ADDRESS: _____

SCHOOL/PROGRAM: _____

In the space provided below, please indicate the nature of the problem. Please be as specific as possible (e.g., who was involved, what was allegedly said or done, when the problem occurred, the circumstances which led up to the problem.)

Have you discussed the problem with a staff member or administrator? If so, what was the outcome of your discussion?

Indicate below your recommendations for resolving the problem.