



UNIFORM COMPLAINT PROCEDURE FORM Policy #BP 1312.3

To: Rowland Unified School District
Office of Special Projects/GATE
1830 Nogales Street
Rowland Heights, Ca. 91748
Phone: (626) 854-8390

DO NOT WRITE IN THIS BOX:

FOR DISTRICT
OFFICE USE ONLY

DATE COMPLAINT FILED:
____/____/____

WRITTEN RESPONSE IS
DUE IN 60 CALENDAR DAYS.
RESPONSE DATE IS ON OR
BEFORE:

____/____/____

COMPLAINT ADDRESSES
THE FOLLOWING:

- Free & Reduced Price Meals
- Nutrition Program Compliance
- Child Abuse Prevention and Reporting
- Child Care and Development
- Before/After School Programs
- Individualized Education Program
- Title I Programs
- Education for English Language Learners
- Migrant Education Program
- Career Technical Education
- Work-Based Learning
- Regional Occupational Center/Program
- Adult Education
- Nondiscrimination in District Programs and Activities
- Nondiscrimination/Harassment
- Sexual Harassment
- Married/Pregnant/Parenting Students
- Fees and Charges
- Claims and Actions Against the District
- Local Control and Accountability Plan
- Education for Foster Youth
- Education for Homeless Children
- Class Assignment
- Physical Education Activity

1. COMPLAINT INFORMATION

Name _____
Last Name First Name Mr., Mrs., Ms.

Address _____
Street # Apt. # Street Name City Zip

Phone Work () _____ Home () _____

2. THIS COMPLAINT IS FILED ON BEHALF OF:

My Child - Student's Legal Name _____

School of Attendance _____

Self

- RUSD Employee
- Parent
- Other _____
- An Agency: _____

Name of Agency

Address

Name and position

Please fill in specific information about the complaint on page 2

Initial
_____ I have received a copy of Board Policy (1312.3) and the description of the appeal process.

Mediation is a process in which a third party attempts to resolve the dispute between parties
Participation is strictly voluntary by both parties.

Initial
_____ I agree to appeal rights to the California Department of Education within 15 days of receipt of the Rowland Unified School District decision.

I hereby certify that the information in this formal complaint is correct to the best of my knowledge.

Signature of Complaint



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School Name

Date Submitted

Name (Optional, but required if response is requested)

Please describe the complaint in detail. Attach additional sheets in necessary.

Name

Address

City State Zip Code

Phone

See attached District Uniform Complaint Procedure for additional information.

(DO NOT USE FOR WILLIAMS 35186 COMPLAINTS)