

UNIFORM COMPLAINT PROCEDURE FORM

TO: Sausalito Marin City School District
200 Phillips Drive
Marin City, CA 94965

ATTENTION: _____

FROM: _____ Name(s)

_____ Address(es)

_____ Phone No(s)

Name of Person(s) Issue or Incident About Whom/Which Complaint is Made:

Nature of Complaint (This should be a description in your own words of the grounds for your complaint, including all names, dates, issue or incident places necessary for a complete understanding of your complaint. Attach an additional sheet of paper if needed to complete this section. Procedures are in place to protect all complainants from retaliation.):

Has the complaint been discussed with the person(s) named in this complaint, his/her school principal, or his/her supervisor? Yes: No:

To whom have you spoken? Name(s) _____

When? Date(s) _____

What was the result of the discussion? _____

I (We) understand that the Principal, Supervisor, Superintendent or Board of Education may request from me (us) further information about this complaint, and if such information is available, I (we) will present it upon request.

I (We) will be given copies of Board Policy 1312.3 and AR1312.3, complaint procedures and timelines.

I (We) also understand that a copy of this complaint will be given by the Principal, Supervisor, Superintendent or Board of Education to the person(s) against whom this complaint is being made, and he/she (they) will be given the opportunity to respond in writing to this complaint and that I (we) will receive a copy of such response.

I (We) also understand that if a hearing is held on this complaint by the Principal, Supervisor, Superintendent or Board of Education or a committee thereof, such hearing will be held in Closed Session with the press and public excluded and that I (we) will be informed of the time, date, and place such hearing will be held.

I (We) certify under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20__,

_____, California

Signature(s) _____