Community Relations

BP 1312.3 Form

Direct to Uniform Complaint Officer:
Assistant Superintendent, Educational Services
2000 Railroad Ave
Pittsburg, CA 94565

NAME: ______________________________________ PHONE: ___________________

ADDRESS:___________________________________________________________________

CITY:__________________________________ST:__________ ZIP CODE:______________

This complaint alleges discrimination, harassment, or noncompliance with state or federal Regulations at
the following:_____________________________________________________________________
(school, site or program)

In the space provided below, please indicate the nature of the problem. Please be as specific as possible.

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.

Signature of Complainant__________________________Date________________

(If additional space is needed for answered to above questions, please attach a separate sheet of paper.)