

**PITTSBURG UNIFIED SCHOOL DISTRICT
UNIFORM COMPLAINT FORM**

Community Relations

BP 1312.3 Form

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

Date Received: _____ by _____
Date Contacted Complainant: _____ by _____
Date of Resolution: _____ by _____

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.)