

# San Lorenzo Valley Unified School District

E 1312.1

## UNIFORM COMPLAINT FORM

**Please Direct to:**      **Office of Superintendent  
San Lorenzo Valley USD  
325 Marion Avenue  
Ben Lomond, CA 95005**

### FOR OFFICE USE ONLY:

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

**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.