

BURBANK UNIFIED SCHOOL DISTRICT

FORM A

Uniform Complaint Procedures

COMPLAINT FORM

To be filed with the Superintendent:
1900 West Olive Avenue,
Burbank, CA 91506-2460

I have read Burbank Unified School District Board Policy 1312.3 on Uniform Complaint Procedures and wish to file a complaint regarding a violation of federal or state law or regulations governing the following educational program which is covered under this procedure.

(Agency to which complainant has been referred if this complaint is not covered by the Uniform Complaint Procedures)

NATURE OF COMPLAINT

(Describe here the nature of the alleged violation. If this complaint involves the educational service provided to a specific child, please give the name, grade, and school of enrollment. Attach additional pages if necessary.)

DATE OF VIOLATION

(Must be within six (6) months of today's date. If not, you will be given information regarding an appeal to the State Superintendent of Public Instruction for an extension of time in which to file the complaint.)

MEDIATION

I have been offered and accept an opportunity for mediation of this complaint.
 reject

SIGNED _____ DATE _____

_____ address/telephone number of person filing complaint

RECEIVED BY _____ DATE _____
Name

Title _____

Distribution: Original—Parent; Copy-- Superintendent's Office