

Quarterly Report on Williams Uniform Complaints

[Education Code § 35186]

District:			
Person completing this form: Quarterly Report Submission Date: (check one and include year)		Title:	
		☐ January ☐ April	(for July-Sept) (for Oct-Dec) (for Jan-Mar) (for Apr-June)
Date for information to be reported	publicly at governing bo	ard meeting:	
Please check the box that applies:			
☐ No complaints were filed w	ith any school in the dist	rict during the quarter	indicated above.
☐ Complaints were filed with following chart summarizes			
General Subject Area	Total # of Complaints	# Resolved	# Unresolved
Textbooks and Instructional Materials			
Teacher Vacancy or Misassignment			
Facilities Conditions			
TOTALS			
	Print Name of District S	uperintendent	
	Signature of District Su	perintendent	
_	Date		

Please return completed form to Phillip Owens eFax: (510) 670-3236 | Email: phillipo@acoe.org