

**FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT**  
1965 Birkmont Drive, Rancho Cordova, CA 95742

**FORMAL UNIFORM COMPLAINT – SITE/PROGRAM LEVEL 1**

All portions of this section to be completed by the Complainant.  
A copy of the Informal Complaint History Form may be attached.

**COMPLAINANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**HOME PHONE NUMBER:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_

**SCHOOL/DEPARTMENT:** \_\_\_\_\_

**STATEMENT OF COMPLAINT:** *(Include a clear, concise statement of the complaint, the alleged violation of District Policy and/or Regulation, or State or Federal Law, and a description of the adverse effect.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC CORRECTIVE ACTION DESIRED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

**DATE & TIME RECEIVED:** \_\_\_\_\_

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**SITE/PROGRAM ADMINISTRATOR'S RESPONSE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Site/Program Administrator

\_\_\_\_\_  
Date

**Timeline**

- ❖ Within 5 working days of conclusion of Informal Complaint procedure, complainant requests Level I form, completes it and files with Site/Program Administrator
- ❖ Within 10 calendar days of receipt of Level I Complaint, Site/Program Administrator will:
  - Obtain written statements from employee(s) regarding concern
  - Issue written statement to complainant and employee(s) of investigation, conclusion, actions taken to resolve
  - Advise complainant of appeal process
- ❖ Complainant has 5 calendar days from receipt of decision to submit written appeal to Superintendent's Designee/Compliance Officer (Level 2)
- ❖ The Complainant may appeal to the Department of Education within fifteen (15) days of receipt of the District decision