

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

**FORMAL UNIFORM COMPLAINT - SUPERINTENDENT LEVEL 3**

All portions of this section to be completed by the Complainant.  
Copies of Formal Uniform Complaint Level 1 and Level 2 must be attached.

**APPEAL TO THE SUPERINTENDENT**

**APPELLANT/COMPLAINANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

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

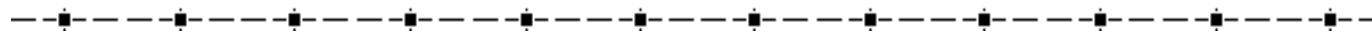
**SCHOOL/DEPARTMENT:** \_\_\_\_\_

**REASON FOR APPEAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant/Complainant Signature

\_\_\_\_\_  
Date

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



**SUPERINTENDENT DISPOSITION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

- Timeline**
- ❖ To be filed within 5 working days of receipt of Level 2 decision
  - ❖ The Superintendent's decision will be sent to complainant with 60 calendar days of District's receipt of Level 1 complaint (or within mutually agreed upon written time frame)
  - ❖ The Complainant may appeal to the Department of Education within fifteen (15) days of receipt of the Superintendent's decision

*There are specified programs and/or activities that may be appealed to the State Department of Education or other authorizing Agencies. (AR 1312.3)*