

**Carmel Unified School District
Uniform Complaint Filing Form**

Please refer to [Board Policy 1312.3](#) for information about the types of complaints to be investigated under the Uniform Complaint Procedures Please reference this link to the [Regulations](#) for details about the complaint process

Complainant's Information:

Last	First	Middle Initial
------	-------	----------------

Address	City	Zip	Phone Number
---------	------	-----	--------------

Email address

Name of Other Party Involved:

Last	First	Middle Initial
------	-------	----------------

School/Site which is subject to complaint	Name of student (if relevant)
---	-------------------------------

Description of Complaint (please be clear and concise in your statement of the circumstances involved in your complaint).

Specific remedy sought by complainant:

[Empty box for specific remedy sought by complainant]

Signature of complainant or representative

Date

I understand that in accordance with Board Policy 1312.3 I have the option of resolving my complaint through a neutral mediator and hereby request mediation.

Signature of complainant

Date

(This portion of form to be completed by school district staff.)

_____ Date received by the Superintendent

File # _____

Signature of person receiving complaint

_____ Date of Final Written Decision: Findings and disposition of complaint
(see attached full report.)

_____ Date complainant noticed of right to appeal the decision to the California Department of Education and
procedures to be followed for initiating such an appeal.

_____ Date Logged

Logged by

Links:

[Board Policy 1312.3](#)

[Administrative Regulations 1312.3](#)