



# BUCKEYE UNION SCHOOL DISTRICT

## UNIFORM COMPLAINT FORM

E 1312.3

Date received in office: \_\_\_\_\_

\*\*\*Note: AR 1312.3 (attached) should be followed in resolving this complaint.\*\*\*

Date: \_\_\_\_\_

To: Assistant Superintendent, Administrative Services

Re: \_\_\_\_\_

School - \_\_\_\_\_

From: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Check which of the following applies to complaint below:

\_\_\_\_ Unlawful discrimination (such as discriminatory harassment, intimidation, and bullying)

\_\_\_\_ A violation of state and federal laws and regulations governing educational programs

\_\_\_\_ Noncompliance with state law prohibiting the charging of student fees

Summary of alleged discrimination and facts concerning it, including the date:

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Statement of how complainant feels the complaint should be resolved:

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Signature of Complainant(s): \_\_\_\_\_

**\*\*NOTE: All complaints must be received within six (6) months of the incident.\*\***

Please submit this complaint to:

Assistant Superintendent, Administrative Services  
Buckeye Union School District Office  
P.O. Box 4768 – 5049 Robert J. Mathews Pkwy.  
El Dorado Hills, CA 95762