



## UNIFORM COMPLAINT PROCEDURE FORM

TO: Superintendent  
Pioneer Union School District  
6862 Mt. Aukum Road Somerset, CA  
95684 Phone: (530) 620-3556

### I. COMPLAINANT'S INFORMATION

Name: \_\_\_\_\_  
Last Name First M.I. Mr./Mrs./Ms.

Address: \_\_\_\_\_  
Street Name Ste. # or Apt. # City State Zip

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

### II. THIS COMPLAINT IS FILED ON BEHALF OF:

☐ My child: Student's Legal Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

☐ Myself: ☐ PUSD employee

☐ Parent

☐ Other \_\_\_\_\_

☐ An agency: \_\_\_\_\_  
Name of Agency

Address \_\_\_\_\_

Name and Position \_\_\_\_\_

### III. PLEASE FILL IN SPECIFIC INFORMATION ABOUT THE COMPLAINT ON PAGE 2.

#### IV. Initial

☐

I have received a copy of Board Policy 1312.3 and a description of the appeal process. (See reverse.)

#### V. Initial

☐

Mediation is a process in which a third party attempts to resolve the dispute between parties. Participation is strictly voluntary by both parties. I agree to participate in mediation and should mediation be used, I understand that the 40 day time line for the District to respond to the complaint will be extended by 30 days.

I hereby certify that the information in this formal complaint is correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

1. Location where the alleged violation(s) occurred:

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2. Date(s) when the alleged violation(s) occurred or when the alleged violation(s) first came to your attention:

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3. Describe the events or actions which lead you to believe that the district's program(s) has failed to comply with state or federal laws or regulations, or that you or your child has been subject to unlawful discrimination or harassment. Attach additional information or documentation if available.

[illegible]

4. What steps, if any, have you taken to resolve this issue prior to the filing of this written complaint?

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