

Quarterly Report on Williams Uniform Complaints

[Education Code § 35186]

Person completing this form: Michelle Pechette		Title: Asst. Superintendent		
Quarterly Report Submission Date: (check one and include year)	Ju O	pril 11y October anuary	(for Jan-Mar) (for Apr-June) (for July-Sept) (for Oct-Dec)	

Date for information to be reported publicly at governing board meeting:

District: Livermore Valley Joint Unified School District

Please check the box that applies:

No complaints were filed with any school in the district during the quarter indicated above.

Complaints were filed with schools in the district during the quarter indicated above. The following chart summarizes the nature and resolution of these complaints.

General Subject Area	Total # of Complaints	# Resolved	# Unresolved
Textbooks and			
Instructional Materials			
Teacher Vacancy or Misassignment			
Facilities Conditions (This does not apply when temporary closing of the restroom is neessary for pupil safety or to make repairs.)			
TOTALS			

Torie F. Gibson Ed.D. Print Name of District Superintendent

Signature of District Superintendent

Date

Please return completed form to Alma Carino, Project Director ACOE – 313 W. Winton Ave., Hayward, CA 94544-1136 FAX: (510) 670-3557 E-MAIL: acarino@acoe.org