

Quarterly Report on Williams Uniform Complaints

[Education Code § 35186]

District: <u>Livermore Valley Join</u>	nt Unified School District			
Person completing this form: Melissa Theide		Title: Asst. Superintendent		
Quarterly Report Submission Date: (check one and include year)			April July October January	(for Jan-Mar) (for Apr-June) (for July-Sept) (for Oct-Dec)
Date for information to be report	ed publicly at governing b	oard meeti	ing:	
Please check the box that applies	:			
above. Complaints wer	were filed with any school e filed with schools in the summarizes the nature and	district du	ring the quarter	indicated above. The
General Subject Area	Total # of Complaints		Resolved	# Unresolved
Textbooks and Instructional Materials				
Teacher Vacancy or Misassignment				
Facilities Conditions				
TOTALS				
	Dr. Kelly Bowe Print Name of District		dent	
	Signature of District S	Superintend	<mark>ent</mark>	
	Date			

Please return completed form to Sierra Falcon, Program Specialist ACOE – 313 W. Winton Ave., Hayward, CA 94544-1136 FAX: (510) 670-3557 E-MAIL: sfalcon@acoe.org