Alameda County Office of Education

# San Leandro Unified School District
# Quarterly Report on Williams Uniform Complaints
[Education Code § 35186]

District: SAN LEANDRO UNIFIED SCHOOL DISTRICT

Person completing this form: Rosanna Mucetti, Ed.D. Title: Deputy Superintendent

| | | |
|---|---|---|
| Quarterly Report Submission Date: (*check one and include year)* | X April | (for Jan-Mar) 2017 |
| | ❑ August | (for Apr-June) |
| | ❑ October | (for July-Sept) |
| | ❑ January | (for Oct-Dec) |

Date for information to be reported publicly at governing board meeting: May 9, 2017

Please check the box that applies:

X 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.

| | | | |
|---|---|---|---|
| **Textbooks and Instructional Materials** | 0 | 0 | 0 |
| **Teacher Vacancy or Misassignment** | 0 | 0 | 0 |
| **Facilities Conditions** | 0 | 0 | 0 |
| **TOTALS** | 0 | 0 | 0 |

Mike McLaughlin, Ed.D.
Print Name of District Superintendent

_____
Signature of District Superintendent

May 9, 2017
Date

Please return completed form to Denise Warren, Administrative Assistant
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