

FAX TRANSMITTAL COVER SHEET (WILLIAMS)

Reference: Administrative Procedure 1700 (C.4.)

TO: Legal Services
Attn: Diane Harrelson

FAX NO.: (619) 725-5639

FROM: _____
Principal or Vice Principal

Name of School

Department

DATE: _____

Check all that apply:

Original Submission (required within 10 business days of receiving UCF 1700-02)

Resolved at school level

Anonymous complainant

Written response provided to complainant on _____ (copy attached)

To be resolved at school level (must be remedied within 30 days of receipt):

Estimated date of resolution: _____

Cannot be resolved at school level (provide brief explanation):

Notice of Resolution (required within 30 days of receiving complaint):

Anonymous complainant

Written response provided to complainant on _____ (copy attached)

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