



COAST UNIFIED SCHOOL DISTRICT
Uniform Complaint Form

For District Use Only:
Received by: _____
Title: _____
Date: _____

Any individual, public agency or organization may file a written complaint of alleged district noncompliance with the state and federal laws and regulations governing educational programs. The complaint must be initiated no later than six months from the date when the alleged noncompliance occurred or when the complainant first obtained knowledge of the facts of the alleged noncompliance. State law establishes a 60-day timeline for investigation, resolution, and district appeal process. This timeline is included in the Administrative Regulation 1312.3. Further information regarding the Uniform Complaint Procedures may be obtained from the Human Resources Coordinator for the district.

CONTACT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

I am filing this complaint on behalf of: _____

I am a: ___ Parent/Guardian ___ Student ___ Witness to the Incident
___ Other, please explain: _____

SCHOOL INFORMATION

School Name: _____ Principal's Name: _____

BASIS OF COMPLAINT

District violation of state or federal law or regulations governing:

- ___ Adult Education ___ Education Opportunities for Foster Students
___ Career/Technical Education ___ Local Control Accountability Plan (LCAP)
___ Child Care & Development ___ Migrant Education
___ Child Nutrition ___ Physical Education Minutes
___ Consolidated Categorical Aid ___ Pupil Fees for Educational Activities
___ Education Content Complaint (Grades 9-12) ___ Special Education

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

- ___ Age ___ Marital or Parental Status
___ Ancestry ___ Nationality
___ Breastfeeding students ___ National Origin
___ Color ___ Race or Ethnicity
___ Physical or Mental Disability ___ Religion
___ Ethnic Group Identification ___ Sex
___ Gender Expression ___ Sexual Harassment (Title IX)
___ Gender Identity ___ Sexual Orientation
___ Gender ___ Association with any of these actual or perceived characteristics
___ Genetic Information

Allegations of noncompliance of the following:

- ___ Bullying that is not based on the above listed protected classes
___ Retaliation against a complainant or other participant in the complaint procedures

DETAILS OF COMPLAINT

Please answer the following questions to the best of your ability. Attach additional sheets as necessary.

Location(s) where the incident occurred: _____

Please describe the type of incident(s) you experienced that led to this complaint in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention.

List the individuals involved in the incident(s)

List any witnesses to the incident(s)

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of Person Filing Complaint

Date: _____

SUBMIT COMPLETED FORM TO:

Superintendent/Designee
Coast Unified School District
1350 Main Street, Cambria, CA 93428