

Upland Unified School District Uniform Complaint Procedures Form

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Address _____ Apt# _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Date of Alleged Violation _____ School/Office of Alleged Violation _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | |
|--|---|
| <input type="checkbox"/> Accommodations for Pregnant and Parenting Pupils | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Physical Education Instructional Minutes |
| <input type="checkbox"/> Agricultural Career Technical Education | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Career Technical Education (federal) | <input type="checkbox"/> Reasonable Accommodations to a Lactating Pupil |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> School Plans for Student Achievement |
| <input type="checkbox"/> Consolidated Application | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> Schoolsite Councils |
| <input type="checkbox"/> Education of Pupils in Foster Care, Pupils who are Homeless, former Juvenile Court Pupils now enrolled in a school district and Children of Military Families | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> State Preschool Health and Safety Issues in LEAs Exempt From Licensing |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | | |
|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion |
| | <input type="checkbox"/> Lactating Student | <input type="checkbox"/> Sex |
| | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Sexual Orientation |

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations in your department/school.

