



UNIFORM COMPLAINT PROCEDURES

The Uniform Complaint Procedure (UCP) is used for complaints alleging non-compliance with state and federal laws law and regulations governing discrimination and/or educational programs.

Last Name: _____ First Name: _____

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

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Mailing Address: _____ City/Zip Code: _____

Please check: Parent/Guardian Student District Employee Other _____

Subject of complaint (please check all that apply):

- Any forms of discrimination (if the alleged harasser/discriminator is a School District employee or District)
- Prohibition against requiring students to pay fees, deposits or other charges for participation in education activities
- Requirements for development and adoption of a school safety plan
- Adult Education After School Education and Safety Career Technical Education/Training
- Child Care and Development Child Nutrition Course Periods without Educational Content
- Early Childhood Program Assessments Education of Homeless, Foster Care, former Juvenile Court, and military children pupils
- Local Control Accountability Plan (LCAP) Physical Education Minutes Reasonable Accommodations to a Lactating Student
- Special Education Other areas: Bilingual Education/Compensatory Education/Migrant Education
- Tobacco Use Prevention Every Student Succeeds Act (ESSA)/NCLB (Titles I-VII)

Date of Alleged Violation: _____ Location of Alleged Violation: _____

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

- Actual or Perceived Sex Sexual Orientation Gender Age
- Gender Identity Gender Expression Ancestry
- Ethnic Group Identification Race or Ethnicity Religion Nationality
- National Origin Immigration Status Color
- Mental or Physical Disability Lactating Student
- Association with a person or group with one or more of the actual or perceived categories listed above

For bullying complaints not based on protected groups and other complaints not listed on this form, contact your school Site Administrator and/or please use the District Complaint Form.

A Williams Complaint, another type of UCP complaint, regards instructional materials, emergency or urgent facilities conditions that pose a threat to the health and safety of pupils, and teacher vacancy or mis-assignment, and may be filed anonymously or using the District's Williams Complaint Form.

Please describe the facts of your complaint in detail, with names, names of witnesses (if any), and explain everything that happened (e.g. X said Y, and A said B, then X did Z etc...). Please give as much detail as possible, with dates, and places. You may attach additional pages if necessary.

_____ (use other side)

For Office use Only:

COMPLAINT RECEIVED BY: _____ DATE & TIME: _____



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If you wish to submit a complaint anonymously, please contact the District office via telephone, 925-462-5500. The District’s response and decision will be in writing and mailed to you within 60 days of receipt of this complaint. You may appeal the decision to the California Department of Education within 15 days of receiving our response, at 916-657-4766.

I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

This complaint form may be submitted to your principal or to the *Senior Director of Human Resource* located at the address listed below: Pleasanton Unified School District, 4665 Bernal Avenue, Pleasanton, CA 94566 or may also be emailed to: UCP@pleasantonusd.net

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COMPLAINT RECEIVED BY: _____ DATE & TIME: _____