

Uniform Complaint Procedures

COMPLAINT FORM

I. Contact Information

Last Name: _____ First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of:

 Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: _____

Grade: _____ Principal: _____

IV. Basis of Complaint (check any boxes that apply)

District violation of state or federal law or regulations governing:

- | | |
|--|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Child Care & Development Programs |
| <input type="checkbox"/> Title II | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Section 504 of the Rehabilitation Act | <input type="checkbox"/> Child Nutrition Program |
| <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> Career and Technical Education Training Programs |
| <input type="checkbox"/> Consolidated Categorical Aid | |

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

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital or Parental Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Harassment (Title IX) |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Association with any of these actual or perceived characteristics |
| <input type="checkbox"/> Genetic Information | |

Allegations of noncompliance of the following:

- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

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 and location(s) where the incident(s) occurred:

List the **individuals** involved in the incident(s) complaint of:

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

Please submit this complaint to:

SCHOOL
DEPARTMENT/NAME
ADDRESS
CITY STATE ZIP
EMAIL