



MORGAN HILL UNIFIED SCHOOL DISTRICT  
15600 Concord Circle  
Morgan Hill, CA 95037  
(408) 201-6023

**UNIFORM COMPLAINT FORM**

Form to be used regarding complaints of discrimination and/or failure to comply with state or federal law regarding adult education, consolidated categorical programs, migrant education, vocational education, child care and development programs, child nutrition programs and special education programs.

Today's Date: \_\_\_\_\_

Check Type(s) of Discrimination Alleged: Age \_\_\_\_, Physical or mental Disability \_\_\_\_,  
National Origin \_\_\_\_, Race/Ethnicity \_\_\_\_, Religion \_\_\_\_, Gender Identity \_\_\_\_,  
Sexual (actual or perceived) \_\_\_\_, Sexual Orientation (actual or perceived) \_\_\_\_.

Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number/Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person(s) Against Whom Complaint is filed: \_\_\_\_\_  
\_\_\_\_\_

Date and Time of Incident (if applicable): \_\_\_\_\_

Description of Complaint: (Please use back side of form if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Resolution(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_ Date of Employee Conference: \_\_\_\_\_

Date of Response to Complainant: \_\_\_\_\_