

Maple Elementary School District
29161 Fresno Ave. Shafter, CA 93263
(661) 746-4439

UNIFORM COMPLAINT PROCEDURES COMPLAINT FORM

COMPLAINANT CONTACT INFORMATION

Name* _____

Student Name (if applicable) _____ Date of Birth _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell or Work Phone _____

I am filing this complaint on behalf of:

myself my child or a student another child or student a group

BASIS OF COMPLAINT

Discrimination, harassment, intimidation, or bullying** in district programs or activities on the basis of the following actual or perceived protected class or characteristic (check all that apply):

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

*For complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities, the complaint can be filed anonymously if the complaint provides enough evidence or information leading to evidence to support an allegation of noncompliance and to allow an appropriate investigation. However, if the complainant wishes to receive a copy of the District's decision in response to the complaint, the complainant's contact information requested above must be provided.

**For complaints of bullying that are not based on the above listed protected classes or characteristics, please contact the site principal for further investigation and response.

Noncompliance with state or federal laws regarding the following (check all that apply):

- Adult Education Programs
- Migrant Education
- Child Care and Development Programs
- Special Education Programs
- School Safety Plan
- Reasonable accommodations to a Pregnant, Parenting or Lactating Pupil
- After School Education and Safety
- Local Control & Accountability Plans (LCAP)
- Every Student Succeeds Act
- Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district
- Consolidated Categorical Aid Programs
- Career/Technical Education Programs
- Child Nutrition Programs
- Pupil Fees, Charges, or Deposits for Educational Activities
- Physical Education Instructional Minutes
- State Preschool
- School Plans for Student Achievement
- School Site Council

DETAILS OF COMPLAINT

Date of Alleged Violation _____ Location of Alleged Violation _____

Name of Person(s) Being Complained About _____

Please complete the following to the best of your ability. (Attach additional sheets of paper if you need more space and attach any supporting or relevant documentation.)

1. Please describe with as much detail as possible the facts underlying your complaint. Provide details such as the names of those involved, the dates an incident or incidents occurred, whether witnesses were present and the names of any witnesses, etc. Please provide any details which you feel might be helpful to the complaint investigator.

2. Please describe what steps, if any, you have taken to resolve this issue before filing this complaint. Have you attempted to discuss this issue with the person about whom you are complaining or with other District personnel? If so, with whom and what was the result?

3. Please describe your desired outcome or remedy so as to assist the complaint investigator in attempting to satisfactorily resolve your complaint.

Signature _____ Date _____

This complaint form must be submitted to the District Compliance Officer at the address listed below unless the complaint alleges noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities. In such cases, this complaint form may be submitted to the school site principal. Complaints alleging unlawful discrimination, harassment, intimidation, or bullying must be initiated no later than six months from the date of the alleged discrimination, harassment, intimidation, or bullying, or six months from the date the complainant first obtained knowledge of the facts of the discrimination, harassment, intimidation, or bullying. Complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities must be filed not later than one year from the date the alleged violation occurred. Complaints will be investigated in a manner that protects the integrity of the process and the confidentiality of the parties to the extent that the investigation of the complaint is not obstructed. The District's governing board prohibits any form of retaliation against any person for the filing of a complaint or participation in the complaint process.

Once completed, please deliver your complaint and any attachments to:

Bryan Easter, Superintendent
29161 Fresno Ave. Shafter, CA 93263

The district will investigate and report its decision to the complainant within 60 calendar days of the District's receipt of the complaint per the District's Uniform Complaint Procedures. The complainant has the right to appeal the district's final decision to the California Department of Education within 15 calendar days of receiving the decision.