



SAN JUAN UNIFIED SCHOOL DISTRICT UNIFORM COMPLAINT PROCEDURE (UCP) FORM

(The use of this complaint form is optional and voluntary; the form is not required in order to file a complaint.)

1. COMPLAINANT'S INFORMATION [Received by the District: ___/___/___]

Name: _____

Last Name
First
M.I.

Address: _____

Street Name
Ste. # or Apt. #
City
State
Zip

Phone: Work: (____) _____ Cell/Home: (____) _____ Email: _____

2. THIS COMPLAINT IS FILED ON BEHALF OF:

My child: Student's Legal Name: _____
 School of Attendance: _____

Myself Parent Other: _____

3. For allegations of a violation of a federal or state law or regulation, 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"/> Course Periods without Educational Content	<input type="checkbox"/> Pupil Fees
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Education of students in foster care, homeless students, students from military families, students formerly in a juvenile court school, migrant students, and immigrant students participating in a newcomer program	<input type="checkbox"/> Reasonable Accommodations for a Lactating Pupil
<input type="checkbox"/> After School Education/Safety	<input type="checkbox"/> Every Student Succeeds Act	<input type="checkbox"/> Regional Occupational Centers and Programs
<input type="checkbox"/> Agricultural Career Technical Education	<input type="checkbox"/> Local Control Accountability Plans (LCAP)	<input type="checkbox"/> School Plans for Student Achievements
<input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training Programs	<input type="checkbox"/> Migrant Education	<input type="checkbox"/> School Safety Plans
<input type="checkbox"/> Child Care and Development	<input type="checkbox"/> Physical Education Instructional Minutes	<input type="checkbox"/> Schoolsite Councils
<input type="checkbox"/> Compensatory Education		<input type="checkbox"/> State Preschool
<input type="checkbox"/> Consolidated Categorical Aid Programs		<input type="checkbox"/> State Preschool Health and Safety Issues in Programs Exempt from Licensing

4. 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"/> Race or Ethnicity	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender
<input type="checkbox"/> Color	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Gender Identity
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gender Expression
<input type="checkbox"/> Nationality	<input type="checkbox"/> Parental Status	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> National Origin	<input type="checkbox"/> Physical or Mental Disability	<input type="checkbox"/> Any other characteristic identified in Ed Code 200 or 220, Gov Code 11135, or Penal Code 422
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Association with a person or group with one or more of the categories listed above
<input type="checkbox"/> Ethnic Group Identification	<input type="checkbox"/> Sex	
<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Orientation	

Initial

I have received a copy of Board Policy and Administrative Regulation 1312.3

Mediation is a process in which a third party attempts to resolve the dispute between parties. Participation is strictly voluntary by both parties. I agree to participate in mediation and should mediation be used, I understand that the 40 day time line for the District to respond to the complaint will be extended by 30 days.

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, or any other information that will be helpful to the person investigating your complaint(s).

Horizontal lines for writing the facts of the complaint.

2. Have you attempted to discuss your complaint with any San Juan Unified School District personnel? If so, please identify who you have talked to and the result.

Horizontal lines for writing the discussion details.

3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents: Yes No

Signature: _____ Date: _____

Mail, fax, or email your complaint/documents to:

Fhanysha C. Gaddis, General Counsel/Equity Compliance Officer
3738 Walnut Avenue
Carmichael, CA 95608
(916) 971-7110; (916) 971-7704 (facsimile)
LegalServices@sanjuan.edu