

UNIFORM COMPLAINT PROCEDURES FORM

The Uniform Complaint Procedures (UCP) complaint process is available for all students, parents, employees, residents, or anyone who wishes to file a formal complaint of discrimination, harassment, bullying, intimidation, or retaliation based on a protected class. Additionally, complaints may also be filed regarding non-compliance of a State and/or Federal program.



Date: _____

Complainant Information

Complainant Name: _____

Address (Home or Office)

City, State, Zip Code

Preferred Contact Method

Phone Number

Preferred Contact Method

Email Address

Student Information (If Applicable)

Student's Name: _____

Date of Birth: _____

Student's Grade Level: _____

School Name: _____

Your Relationship to Complainant

- Parent Guardian Teacher Self
 Associate None of these categories

Violation

Location of Alleged Violation (School or District Office): _____

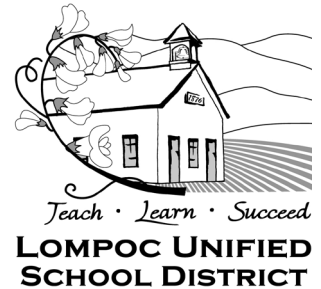
Date of Alleged Violation: _____

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Complaints of discrimination, harassment, bullying, intimidation, and retaliation based on protected class.

For all complaints involving employee-to-student, student-to-student, student-to-employee, third party-to-student, and employee-to-third party, check the actual or perceived protected class on which the allegation is based below.

Note: Complaints must be filed no later than six months from the date of occurrence, or from when a school or district official had actual knowledge of its occurrence. Complaints involving sexual harassment, as defined under the Title IX regulations, are not limited to the six-month statute of limitations.



Identify Allegation Type

- Bullying Compliance w/ State & Federal Programs Discrimination Harassment Retaliation

Identify the actual or perceived protected class on which the allegation is based on:

- | | | |
|---|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Association with an individual or group with one or more of the actual or perceived groups listed here | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Homeless/Foster Status | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Lactating Student | <input type="checkbox"/> Sexual Orientation |
| | <input type="checkbox"/> Marital, Parenting, or Breast-feeding status | |
| | <input type="checkbox"/> Mental or Physical Disability | |

For allegations of noncompliance, check the program or activity referred to in your complaint below.
Note: Complaints must be filed within one year of enrollment or participation in any program listed below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Education Content | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Any other state/federal educational program the Superintendent of Public Instruction deems necessary | <input type="checkbox"/> Educational Rights of Foster Youth and Graduation Requirements for Foster, Homeless & Other Youth (Former Juvenile Court Pupils, Children of Military Families, Migratory Pupils, and Newcomers) | <input type="checkbox"/> Physical Education Instructional |
| <input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training | <input type="checkbox"/> English Learner Programs | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Juvenile Court Schools including Lactation Accommodations | <input type="checkbox"/> School-Site Council |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Local Control & Accountability | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Courses of Study without Plans | | <input type="checkbox"/> Tobacco-Use Prevention Education |
| <input type="checkbox"/> Deficiencies related to Preschool Health & Safety Issues for a CA State Preschool | | |

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Complaint Details

Please describe the incident or concern you have. Be sure to include the date/time (or approximate date/time), location of incident(s), and the names of any individual(s) involved, if known. Please attach additional documentation, if available.



Have you reported or discussed this incident or concern with any LUSD employee or school administrator? If so, please describe what occurred.

Please identify any expectations and/or desired remedies you would like to see in resolution of your complaint.

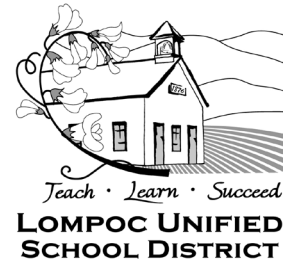
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I certify that the information I am providing is true and correct.

Complainant's Signature: _____

Date: _____

List Attached Supporting Documents (If Applicable)



By filing a complaint, the complainant authorizes the District to investigate and make disclosures as may be reasonably necessary to the investigation and resolution of the complaint. Complaints will be reviewed in a timely manner.

Note: Retaliation for filing a complaint is prohibited. If any participant in the complaint process experiences retaliation as a result of having participated in the process, please notify the Education Services Office.

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Education Services
Lompoc Unified School District
1301 North A St.
Lompoc, CA 93436
805-742-3250
UCP@lusd.org