



# Gateway Unified School District Uniform Complaint Reporting Form

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures to address complaints alleging unlawful discrimination (such as discriminatory harassment, intimidation, or bullying) against any protected group, complaints alleging violation of state or federal laws governing educational programs, the charging of unlawful pupil fees and the non-compliance of our Local Control and Accountability Plan (LCAP).

**To be checked by complainant:**

- Parent/Guardian       Student       District Employee       Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation \_\_\_\_\_

**You are filing this complaint on behalf of:** \_\_\_\_\_

- Yourself       Your Child or a Student       Another Student       A Group

**For allegations of noncompliance of state or federal laws governing educational programs, please check the program or activity referred to in your complaint, if applicable:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Education  | <input type="checkbox"/> Local Control Accountability Plan   |
| <input type="checkbox"/> After School Education & Safety  | <input type="checkbox"/> Migrant Education                   |
| <input type="checkbox"/> Agricultural Vocational Education  | <input type="checkbox"/> Physical Ed – Instructional Minutes |
| <input type="checkbox"/> American Indian & Early Childhood Ed Program Assessments                         | <input type="checkbox"/> Pupil Fees                          |
| <input type="checkbox"/> Bilingual Education  | <input type="checkbox"/> Regional Occupational Programs      |
| <input type="checkbox"/> California Peer Assistance & Review Programs for Teachers                        | <input type="checkbox"/> School Safety Plans                 |
| <input type="checkbox"/> Career Technical Education & Training  | <input type="checkbox"/> Special Education/Compensatory Ed   |
| <input type="checkbox"/> Child Care & Development (including State Preschool)                             | <input type="checkbox"/> Student Lactation Accommodations    |
| <input type="checkbox"/> Child Nutrition Services   | <input type="checkbox"/> Tobacco/Use Prevention Education    |
| <input type="checkbox"/> Consolidated Categorical Aid/Economic Impact Aid                                 |  |
| <input type="checkbox"/> Economic Impact Aid  |  |
| <input type="checkbox"/> Education of Foster and Homeless Youth   |  |
| <input type="checkbox"/> Every Student Succeeds Act/No Child Left Behind                                  |  |
| <input type="checkbox"/> Instruction: Courses without Educational Content or Previously Completed Courses |  |

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

**For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Principal/Administrator or school Title IX Officer.**

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

**Details of Complaint:**

Please **describe** the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:

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

List any **witnesses** to the incident(s):

Describe the **location where** the incident(s) occurred:

Please list **all the date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

**What steps**, if any, have you taken to resolve this issue before filing a complaint?

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

**I have attached supporting documents.**       Yes     No

\_\_\_\_\_  
Signature of person filing complaint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by & Title

\_\_\_\_\_  
Date

**Please provide a duplicate copy to the complainant.**