

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.



Contact information of the person filling out this form (Complainant).

Date

Complainant Information

Complainant Name

Address (Home or Office)

City, State, Zip Code

Phone Number

☐ Preferred Contact Method

Email Address

☐ Preferred Contact Method

Location of Alleged Violation (School or District)

Date of Alleged Violation

Student Information (If Applicable)

Student's Name

Student's Date of Birth

Student's Grade Level and School

Your Relationship to Complainant

- ☐ Parent ☐ Guardian ☐ Teacher ☐ Self
☐ Associate ☐ None of these categories

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Complaints of discrimination, harrassment, 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:

- | | | |
|---|---|---|
| <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. Complaints must be filed within one year of enrollment or participation in any program listed below.

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

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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 MPCSD 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 Title IX Office.

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Dr. Stephanie Sheridan, Assistant Superintendent of Student Services
181 Encinal Avenue, Atherton, CA 94027
ssheridan@mpcsd.org
Fax: 650-292-2200