

Moorpark Unified School District

Uniform Complaint

Resolution subject to: Board Policy 1312.3

Complaints Alleging:

- Violation of specific federal and state programs that use categorical funds such as Adult Education, After School Education and Safety, Agricultural Vocational Education, American Indian Education Centers, American Indian Early Childhood Education, Career Technical Education, Child Care and Development, Consolidated Categorical Aid, Foster Youth Services, Local Control Funding Formula and Local Control Accountability Plans, Migrant Education, Nutrition Services, Regional Occupational Centers, School Facilities, Special Education, Tobacco-Use Prevention Education, and Unlawful Pupil Fees are considered UCP complaints. UCP complaints are filed with the district superintendent or their designee.
- Discrimination, harassment, intimidation and/or bullying based on actual or perceived categories in Penal Code 422.5 and Ed. Code 220.

Procedure:

Step 1: Complete a written complaint form within six (6) months of the alleged violation and submit to the District Uniform Complaint Officer

Step 2: Within ten (10) calendar days, the compliance officer shall provide the complainant an opportunity to present the complaint and any evidence

Step 3: The District Uniform Complaint Officer or assigned personnel will have sixty days to investigate and send written decision to complainant

* Superintendent may extend to 90 days

Step 4: Complainant can appeal to CDE within 15 days

Contacts for Programs and Services Covered Under the UCP

Adult Education and Regional Occupational Centers and Programs, *Career Tech Ed (CTE) Leadership and Instructional Support Office*; 916-322-5050

After School Education and Safety, *After School Division*;
916-319-0923

Agricultural Vocational Education, *Career & College Transition Division*; 916-319-0887

American Indian Education Centers and Early Childhood Education Program Assessments, *Coordinated Student Support Division*;
916-319-0506

Career Technical Education, *Career and College Transition Division*; 916-322-5050

Child Care and Development (including State Preschool), *Early Education and Support Division*; 916-322-6233

Child Nutrition, *Nutrition Services Division*; 800-952-5609

Discrimination, Harassment, Intimidation, Bullying, Student Lactation Accommodations, and LGBTQ Resources, *Education Equity UCP Appeals Office*; 916-319-8239

Educational Rights of Foster and Homeless Students, *Coordinated School Health and Safety Office*; 916-319-0914

Local Control Funding Formula/Local Control and Accountability Plan (LCFF/LCAP): Content or Procedures, *Local Agency Systems Support Office*; 916-319-0809; Fiscal, *School Fiscal Services Division*; 916-322-3024

No Child Left Behind (2001) programs (Title I-VII), including improving academic achievement, compensatory education, English learners, and migrant education (to be replaced by the Every Student Succeeds Act [ESSA] beginning in 2016-17), *Categorical Programs Complaints Management (CPCM) Office*; 916-319-0929

Physical Education: Instructional Minutes, *Science, Technology, Engineering, and Mathematics (STEM) Office*; 916-323-5847

Pupil Instruction: Course Periods Without Educational Content or Previously Completed Courses, *Categorical Programs Complaints Management (CPCM) Office*; 916-319-0929

School Facilities (for Williams Complaints), *School Facility Planning Division*; 916-322-2470

Special Education, *Procedural Safeguards and Referral Services Unit*; 800-926-0648

Tobacco-Use Prevention Education, *Coordinated School Health & Safety Office*; 916-319-0914

Unlawful Pupil Fees, *Categorical Programs Complaints Management (CPCM) Office*; 916-319-0929



Moorpark Unified School District

5492 Maureen Lane, Moorpark, CA 93021 (805)378-6300

Uniform Complaint Form

PLEASE PRINT OR TYPE

Your Name _____ Date _____

Address _____ Phone Number _____

I am a: Parent Pupil Employee Community Member Other

My complaint is about: Person Program Activity Specify: _____

Uniform Complaints

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Basic Education | <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Career Technical Ed. |
| <input type="checkbox"/> Unlawful Pupil Fees | <input type="checkbox"/> Bullying | <input type="checkbox"/> Child Nutrition Programs |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Unlawful Discrimination | <input type="checkbox"/> Special Education Programs |
| <input type="checkbox"/> School Safety Plans | <input type="checkbox"/> LCAP | <input type="checkbox"/> Pupil Instruction |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> LCFF | <input type="checkbox"/> Foster and Homeless Students |
| <input type="checkbox"/> Title Programs | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment/Bullying |
| <input type="checkbox"/> Tobacco-Use Prevention Education | | |
| <input type="checkbox"/> Child Care and Development Programs | | |
| <input type="checkbox"/> Childhood Education Program Assessments | | |

Other Complaints

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Against District Employee | <input type="checkbox"/> Employee vs. Employee | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pupil Complaints | <input type="checkbox"/> Improper Governmental Activity | |

**** For Williams complaints, please use Education Code § 35186 Williams Complaint Form**

Explain the nature of your complaint, your attempts to resolve this complaint, and how you propose that your complaint be resolved. Please print or type below or attach a statement. Provide names, dates, times, witnesses present, etc. You may attach additional pages.

Have you discussed your complaint with any school district personnel? No Yes

I understand that by filing this complaint, I authorize the school district to investigate and disclose such information as may be reasonably necessary to investigate and resolve this complaint. I understand that the school district may request further information about this matter, and if such information is available, I agree to provide it upon request. I also understand that a copy of this complaint may be given to the employee or supervisor against whom the complaint is made (if applicable). I acknowledge that the school district prohibits retaliation or harassment against any individual, parent/guardian or the child of a parent/guardian who submits a complaint.

Signature _____ Date _____