



Redlands Unified School District Uniform Complaint Procedures Form

This UCP form is to be used for allegations of unlawful discrimination targeting a student, including discriminatory harassment, intimidation, or bullying based on the protected groups/characteristics listed below. For bullying and other complaints not based on the protected groups/characteristics listed below, contact your site administrator, counselor, or the District's Student Services Director. For **Title IX Sexual Harassment complaints**, [click here](#). For claims of employee-to-employee and student-to-employee discrimination, you may contact the Human Resources Department at (909) 307-5300.

Complainant Last Name Complainant First Name

Student Name (if applicable) Grade Date of Birth

Address City Zip

Home Phone Cell Phone Work Phone

Email Address Date(s) of Alleged Violation(s)

School/Office/Location of Alleged Violation(s)

For allegations of noncompliance, check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|---|--|
| Accommodations for Pregnant and Parenting Pupils | Adult Education | After School Education and Safety |
| Career Technical Education | Child Care and Development Programs | Compensatory Education |
| Consolidated Categorical Aid Programs | Course Periods without Educational Content | Discrimination, harassment, intimidation, or bullying against any protected group, as identified under sections 200 and 220 and Section 11135 of the Government Code |
| Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district | Every Student Succeeds Act | |
| Physical Education Instructional Minutes | Local Control and Accountability Plans (LCAP) | Reasonable Accommodations to a Lactating Pupil |
| Regional Occupational Centers and Programs | Pupil Fees | School Safety Plans |
| School Site Councils | School Plans for Student Achievement | |
| | State Preschool | |

For complaints of unlawful discrimination, harassment, intimidation, or bullying of protected groups (employee-to-student, student-to-student, student-to-employee, third party to a student, employee-to-third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected group(s) upon which the alleged conduct was based:

- | | | |
|--|----------------------------|-----------------------------|
| Sex | Sexual Orientation | Gender |
| Gender Identity | Gender Expression | Ancestry |
| Ethnic Group Identification | Race or Ethnicity | Religion |
| Nationality | National Origin | Immigration Status |
| Color | Mental/Physical Disability | Marital Status |
| Age | Genetic Information | Pregnancy / Parental Status |
| Association with a person or group with one or more of the actual or perceived characteristics listed here | | |

