

MT. DIABLO UNIFIED SCHOOL DISTRICT Uniform Complaint Procedures COMPLAINT FORM

I. Contact Info	rmation	
Last Name:	First	Name:
City:	State: Zip:	Home Phone
Work or Cell P	hone: Email	:
II. Complainar	nt	
You are filing t	his complaint on behalf of:	
Parent/Gu	ardian 🔲 Pupil 🦳 Witness to the Incident	Other
III. School Infor	rmation	
School Name:		
Grade:	Principal:	
IV. Basis of Co	mplaint	
	violation of state or federal law or regulat	ions/policies governing:
	1	for Pupils who are Migratory
	Parenting Pupils	Education and Graduation
	Adult Education	Requirements
	After School Education and Safety	for Pupils who Participate in a
	Agricultural Career Technical Education	Newcomer
	Career/Technical Education and	☐ Program
	Career/Technical Training Programs	Every Students Succeeds Act/No Child Left Behind (Title I-VII)
	Child Care & Development Programs Compensatory Education	☐ Local Control Accountability Plan (LCAP)
_	Consolidated Categorical Aid Programs	☐ Migrant Education
	Course Periods without Educational	☐ Physical Education Minutes
	Content (9 th -12 th)	□ Pupil Fees
Г	Education and Graduation	Reasonable Accommodations to a
_	Requirements for Pupils in Foster Care	☐ Lactating Pupil
	Education and Graduation	☐ Regional Occupational Centers and
	Requirements for Pupils who are	☐ Programs
	Homeless	☐ School Plans for Student Achievement
	Education and Graduation	☐ School Site Councils
	Requirements for Pupils from Military	☐ State Preschool
	Families Education and Graduation	State Preschool Health and Safety Issue
	Requirements for Pupils Formerly in a	☐ in LEAs Exempt from Licensing
	Juvenile Court now enrolled in a school	
_	district	
L	Education and Graduation	

Requirements

including discrimination as described in Educ	cation Code section 243, based on actual or
perceived characteristics of the following:	
Age	☐ Marital or Parental Status
☐ Ancestry	☐ Nationality
☐ Breastfeeding/Lactating Students	☐ National Origin
Color	☐ Immigration Status
Physical or Mental Disability	Race or Ethnicity
Medical Condition	Religion
Ethnic Group Identification	Sex
Gender Expression	Sexual Orientation
Gender Identity	Association with any of these actual or
Gender	perceived characteristics
☐ Genetic Information ☐	Gender Equity in Athletic Programs (Title IX)
C. Allegations of noncompliance of the following:	
Bullying that is not based on the above listed p	
 Retaliation against a complainant or other parti has acted to uncover or report a violation subje 	· · · · · · · · · · · · · · · · · · ·
D. This UCP Form is not applicable to the following typ	es of claims:
EXPULSION APPEALS (Submit the Expulsion App	peal Form to the Office of Equity)
 SECTION 504 PLAN APPEAL (Submit the 504 Ap 	•
 ADA FACILITIES GRIEVANCE (Submit the ADA Fa 	cilities Grievance Form to the Office of Equity)
Complaints related to unlawful discrimination, harassment, inti- than 6 months from the date of the alleged incident. (5 CA Code filed no later than one year from the date that the alleged violation	of Regulations 4639.) All other complaints must be
V. Details of Complaint	
Please answer the following questions to the best of y need more space.	our ability. Attach additional sheets of paper if you
Please describe the type of incident(s) you experience possible, including all dates and times when the incide to your attention and location(s) where the incident(s)	ent(s) occurred or when the alleged acts first came

B. Unlawful discrimination, including discriminatory harassment, intimidation, or bullying,

List the individuals involved in the incident(s) complaint of:	
List any witnesses to the incident(s):	
What steps, if any, have you taken to resolve this issue before	filing a complaint?
Signature of narran	Eiling Complaint Data

Signature of person

Filing Complaint Date

Please submit this complaint to:

Jennifer Sachs, Chief of Educational Services 1936 Carlotta Drive Concord, CA 94519 T: (925) 682-800 Ext. 4016

E: sachsj@mdusd.org

Updated: March 8, 2024