

## San Mateo Union High School District Uniform Complaint Procedures Form

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

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

Address \_\_\_\_\_ Apt./Suite # \_\_\_\_\_

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

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

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

School/Office of Alleged Violation(s) \_\_\_\_\_

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

<input type="checkbox"/> Adult education	<input type="checkbox"/> After school education & safety	<input type="checkbox"/> Agricultural career technical education	<input type="checkbox"/> American Indian education centers and early program assessments	<input type="checkbox"/> Bilingual education
<input type="checkbox"/> California peer assistance & review programs for teachers	<input type="checkbox"/> Career technical & technical education and career technical; Technical Training (State)	<input type="checkbox"/> Career technical education (Federal)	<input type="checkbox"/> Child care & development	<input type="checkbox"/> Child nutrition
<input type="checkbox"/> Compensatory education	<input type="checkbox"/> Consolidated categorical aid	<input type="checkbox"/> Course periods without educational content	<input type="checkbox"/> Economic impact aid	<input type="checkbox"/> Education of pupils in foster care, homeless, former juvenile court pupils now enrolled in the District, children of military families, migratory pupils and those in newcomer programs
<input type="checkbox"/> Every Student Succeeds Act/No Child Left Behind (Titles I-VII)	<input type="checkbox"/> Local Control & Accountability Plans (LCAP)	<input type="checkbox"/> Migrant education	<input type="checkbox"/> Physical education instructional minutes	<input type="checkbox"/> Pupil fees
<input type="checkbox"/> Reasonable accommodations for a lactating, pregnant and parenting pupils	<input type="checkbox"/> Regional occupational centers and programs	<input type="checkbox"/> School safety plans	<input type="checkbox"/> Special education	<input type="checkbox"/> State preschool
<input type="checkbox"/> Tobacco-Use Prevention Education				

For complaints of unlawful discrimination, harassment, intimidation or bullying (employee-to-student, student-to-student, third party to 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 groups upon which the alleged conduct was based:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sex   | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender             |
| <input type="checkbox"/> Gender Identity   | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry           |
| <input type="checkbox"/> Ethnic Group Identification   | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Nationality   | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Immigration Status |
| <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 groups listed here |  |   |

***For bullying complaints not based on protected groups and other complaints not listed on this form, contact your school Title IX Coordinator. For complaints of employee-to-employee discrimination or harassment, contact the District's Complaint Compliance Officers listed below.***

Uniform Complaint Procedures

1. Please give facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you attempted to discuss your complaint with any District personnel? If so, with whom and what was the result?

3. Provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail, fax or email your UCP complaint/documents to:

**Kirk Black, Complaint Compliance Officer  
Christine Rosaia, Complaint Compliance Officer  
San Mateo Union High School District  
650 North Delaware Street  
San Mateo, CA 94401  
FAX: (650) 762-0250  
kblack@smuhsd.org  
crosaia@smuhsd.org  
www.smuhsd.org**