

UNIFORM COMPLAINT PROCEDURES

The Pleasanton Unified School District (PUSD) has a responsibility to ensure compliance with applicable state and federal laws and regulations governing educational programs. As always, early resolution of complaints is encouraged whenever possible. However, to resolve complaints which may require a more formal process, the Uniform Complaint Procedure specified in PUSD Board Policy (BP) and Administrative Regulation (AR) 1312.3 has been adopted to address complaints of noncompliance with state and federal laws, and complaints of discrimination, harassment, bullying, intimidation, or retaliation based on a person's actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, immigration status, ethnic group identification, age, religion, physical or mental disability, medical condition, or genetic information.

- This UCP form is not intended to be used for complaints of discrimination on the basis of sex including sex stereotypes; sex characteristics; sexual orientation; gender; gender identity; gender expression; pregnancy, childbirth, termination of pregnancy, or lactation, including related medical conditions or recovery; and parental, marital, and family status. In accordance with BP/AR 5145.7 Sex Discrimination and Sex-Based Harassment and AR 5145.71 Title IX Sex Discrimination and Sex-Based Harassment Complaint Procedures, sex-based discrimination complaints, including complaints of sexual harassment, may be sent to titleix@pleasantonusd.net.
- This UCP form is not intended to be used for complaints alleging a violation of a state or federal law or regulation related to special education, a settlement agreement related to the provision of a free appropriate public education (FAPE), failure or refusal to implement a due process hearing order to which the district is subject, or a physical safety concern that interferes with the district's provision of FAPE. Complaints of this nature shall be resolved in accordance with BP/AR 6159.1 - Procedural Safeguards and Complaints for Special Education.
- This UCP form is not intended to be used for employment discrimination complaints.

Today's Date: _____

Contact information of the person filling out this form

Last Name: _____ First Name: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ City/Zip Code: _____

Please check: ☐ Parent/Guardian ☐ Student ☐ District Employee ☐ Other _____

Student's Name (if applicable): _____ Student's Date of Birth: _____

Student's PUSD ID #: _____ Student's Grade: _____ Student's School: _____

Date of Alleged Violation: _____ Location of Alleged Violation: _____

Identify Allegation Type

☐ Noncompliance with State/Federal Programs. ☐ Discrimination, harassment, intimidation, or bullying in district programs and activities

For allegations of noncompliance, check the program or activity referred to in your complaint below.

Note: Complaints must be filed within one year from the date the alleged violation occurred.

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|---|---|---|
| ☐ Accommodations for pregnant and parenting students | ☐ Every Student Succeeds Act | ☐ School site councils as required for the consolidated application for specified federal and/or state categorical funding |
| ☐ Adult education programs | ☐ Local control and accountability plan | ☐ State preschool programs |
| ☐ After school education and safety programs | ☐ Migrant education | ☐ State preschool health and safety issues in license-exempt programs |
| ☐ Agricultural career technical education | ☐ Physical education instructional minutes | ☐ Any complaint alleging retaliation against a complainant or other participant in the complaint process or anyone who acted to uncover or report a violation subject to this policy |
| ☐ Career technical/technical education & career technical/technical training programs | ☐ Student fees | ☐ Any other state or federal educational program the Superintendent of Public Instruction or designee deems appropriate |
| ☐ Child care and development programs | ☐ Reasonable accommodations to a lactating student | |
| ☐ Compensatory education | ☐ Regional occupational centers and programs | |
| ☐ Consolidated categorical aid programs | ☐ School plans for student achievement as required for consolidated application for specified federal and/or state categorical funding | |
| ☐ Course periods without educational content | | |
| ☐ Educational and graduation requirements for students in foster care, students experiencing homelessness, students from military families, students formerly in juvenile court school, students who are migratory, and students participating in a newcomer program | | |

For all complaints of discrimination, harassment, intimidation, or bullying in district programs and activities based on protected class, 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 six months from the date that the complainant first obtained knowledge of the facts of the alleged unlawful discrimination.

- | | | |
|--|--|---|
| ☐ Age | ☐ Medical Condition | ☐ Association with an individual or group with one or more of the actual or perceived groups listed here |
| ☐ Ancestry | ☐ National Origin | |
| ☐ Color | ☐ Nationality | |
| ☐ Ethnic Group Identification | ☐ Physical or Mental Disability | |
| ☐ Genetic Information | ☐ Race or Ethnicity | |
| ☐ Immigration Status | ☐ Religion | |

Please describe the facts of your complaint in detail, with names, names of witnesses (if any), and explain everything that happened (e.g. X said Y, and A said B, then X did Z, etc). Please give as much detail as possible, with dates, and places. Include the results of any previous meetings or discussions with school site staff regarding the complaint. You may attach additional pages as necessary.

Supportive Measures Requested

- | | | |
|---|---|---------------------------------------|
| ☐ No Contact Order | ☐ Academic Support | ☐ Other: _____ |
| ☐ Teacher Notification | ☐ Safety Plan | _____ |
| ☐ On-Campus Counseling | ☐ Social Work Referral | _____ |

Resolution Requested

- ☐ No Action (Report Only) ☐ Formal Resolution Process

Please identify any expectations and/or desired remedies you would like to see in resolution of your complaint.

I certify that the information I am providing is true and correct.

SIGNATURE: _____ DATE: _____

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.

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Compliance Officer, Human Resources
Pleasanton Unified School District
5758 W. Las Positas Blvd.
Pleasanton, CA 94588
(925) 410-4389

This complaint form may be sent to: uniformcomplaint@pleasantonusd.net

For Office use Only:

COMPLAINT RECEIVED BY: _____ DATE & TIME: _____