



MT. DIABLO UNIFIED SCHOOL DISTRICT

Uniform Complaint Procedures

COMPLAINT FORM

I. Contact Information

Last Name: _____ First Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Work or Cell Phone: _____ Email: _____

II. Complainant

You are filing this complaint on behalf of: _____

☐ Parent/Guardian ☐ Pupil ☐ Witness to the Incident ☐ Other

III. School Information

School Name: _____
Grade: _____ Principal: _____

IV. Basis of Complaint

A. District violation of state or federal law or regulations/policies governing:

- | | |
|---|---|
| ☐ Accommodations for Pregnant and Parenting Pupils | ☐ for Pupils who are Migratory |
| ☐ Adult Education | ☐ Education and Graduation Requirements |
| ☐ After School Education and Safety | ☐ for Pupils who Participate in a Newcomer |
| Agricultural Career Technical Education | ☐ Program |
| Career/Technical Education and | ☐ Every Students Succeeds Act/No Child Left Behind (Title I-VII) |
| Career/Technical Training Programs | ☐ Local Control Accountability Plan (LCAP) |
| Child Care & Development Programs | ☐ Migrant Education |
| Compensatory Education | ☐ Physical Education Minutes |
| ☐ Consolidated Categorical Aid Programs | ☐ Pupil Fees |
| Course Periods without Educational | ☐ Reasonable Accommodations to a |
| Content (9 th -12 th) | ☐ Lactating Pupil |
| ☐ Education and Graduation | ☐ Regional Occupational Centers and |
| Requirements for Pupils in Foster Care | ☐ Programs |
| ☐ Education and Graduation | ☐ School Plans for Student Achievement |
| Requirements for Pupils who are | ☐ School Site Councils |
| Homeless | ☐ State Preschool |
| ☐ Education and Graduation | ☐ State Preschool Health and Safety Issues |
| Requirements for Pupils from Military | ☐ in LEAs Exempt from Licensing |
| Families Education and Graduation | |
| Requirements for Pupils Formerly in a | |
| Juvenile Court now enrolled in a school | |
| district | |
| ☐ Education and Graduation | |
| Requirements | |

- ☐ Age
- ☐ Ancestry
- ☐ Breastfeeding/Lactating Students
- ☐ Color
- ☐ Physical or Mental Disability
- ☐ Medical Condition
- ☐ Ethnic Group Identification
- ☐ Gender Expression
- ☐ Gender Identity
- ☐ Gender
- ☐ Genetic Information
- ☐

- C. Allegations of noncompliance of the following:**

- D. This UCP Form is not applicable to the following types of claims:**

- Complaints related to unlawful discrimination, harassment, intimidation, or bullying should be initiated no later than 6 months from the date of the alleged incident. (5 CA Code of Regulations 4639.) All other complaints must be filed no later than one year from the date that the alleged violation occurred.***

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred:

[illegible]

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 person

Filing Complaint Date

Please submit this complaint to:

Kristy Avila, Civil Rights Officer/Title IX Coordinator

Mt. Diablo Unified School District

1936 Carlotta Drive

Concord, CA 94519

(925) 682-8000, Ext. 4291

equity@mdusd.org