



## UNIFORM COMPLAINT FORM

Complainant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

- I allege unlawful discrimination, harassment, intimidation, or bullying based on actual or perceived characteristics of genetic information, ethnic group identification, race or ethnicity, ancestry, national origin, nationality, religion, color, marital or parental status, or mental or physical disability or age, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, at a district site and/or activity.
- I allege failure to comply with the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational activities or the requirements for the development and adoption of a school safety plan; or a violation of state and/or federal law in any of the following programs: consolidated categorical aid, migrant education, child care and development, child nutrition, special education.  
Name of program: \_\_\_\_\_
- I allege failure to comply with the requirements for adopting a Local Control and Accountability Plan (LCAP).  
(Note: This allegation may be submitted anonymously.)

Description of complaint:

Specific remedy sought by complainant:

*Discrimination complaints shall be investigated in a manner that protects the confidentiality of the parties and the integrity of the process. The Board of Trustees prohibits any form of retaliation against any complainant. Please see Board Policy and Administrative Regulation 1312.3 (Uniform Complaint Procedures) for procedural steps, timeline, appeals, and civil law remedy information.*

Signature of complainant \_\_\_\_\_

**Submit this form to the District Compliance Officer: Executive Director, Human Resources**

Complaint received by \_\_\_\_\_ Date \_\_\_\_\_

Mediation offered		Employee notified	
Investigative meeting		Resolved	
Written response			