SANTA PAULA UNIFIED SCHOOL DISTRICT
UNIFORM COMPLAINT PROCEDURE (UCP) FORM

(The use of this complaint form is optional and voluntary; the form is not required in order to file a complaint.)

1. COMPLAINANT'S INFORMATION **[Received by the District: ____/____/____]**

Name: _____
Last Name First M.I.

Address: _____
Street Name Ste. # or Apt. # City State Zip

Phone: Work: (_____)_____ Cell/Home: (_____)_____ Email: _____

2. THIS COMPLAINT IS FILED ON BEHALF OF:

☐ My child: Student's Legal Name: _____

School of Attendance: _____

☐ Myself ☐ Parent ☐ Other: _____

3. For allegations of a violation of a federal or state law or regulation, please check the program or activity referred to in your complaint, if applicable:

☐ Accommodations for Pregnant and Parenting Pupils
☐ Adult Education
☐ After School Education/Safety
☐ Agricultural Career Technical Education
☐ Career Technical and Technical Education and Career Technical and Technical Training Programs
☐ Child Care and Development
☐ Compensatory Education
☐ Consolidated Categorical Aid Programs
☐ Course Periods without Educational Content
☐ Education of students in foster care, homeless students, students from military families, students formerly in a juvenile court school, migrant students, and immigrant students participating in a newcomer program
☐ Every Student Succeeds Act
☐ Local Control Accountability Plans (LCAP)
☐ Migrant Education
☐ Physical Education Instructional Minutes
☐ Pupil Fees
☐ Reasonable Accommodations for a Lactating Pupil
☐ Regional Occupational Centers and Programs
☐ School Plans for Student Achievements
☐ School Safety Plans
☐ Schoolsite Councils
☐ State Preschool
☐ State Preschool Health and Safety Issues in Programs Exempt from Licensing

4. For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

☐ Race or Ethnicity
☐ Color
☐ Ancestry
☐ Nationality
☐ National Origin
☐ Immigration Status
☐ Ethnic Group Identification
☐ Age
☐ Religion
☐ Marital Status
☐ Pregnancy
☐ Parental Status
☐ Physical or Mental Disability
☐ Medical Condition
☐ Sex
☐ Sexual Orientation
☐ Gender
☐ Gender Identity
☐ Gender Expression
☐ Genetic Information
☐ Any other characteristic identified in Ed Code 200 or 220, Gov Code 11135, or Penal Code 422
☐ Association with a person or group with one or more of the categories listed above

Is this a:

☐ Uniform Complaint Procedures (BP 1312.3) Bullying, Intimidation, Discrimination, and or Harassment.
☐ Complaint Concerning a District Employee (BP 1312.1)

1. **Please give the facts about your complaint. Provide details such as the names of those involved, dates whether witnesses were present, or any other information that will be helpful to the person investigating your complaint(s).**

2. **Have you attempted to discuss your complaint with any Santa Paula Unified School District personnel? If so, please identify who you have talked to and the result.**

3. **Please provide copies of any written documents that may be relevant or supportive of your complaint. You may add additional pages if necessary.**
   I have attached supporting documents: Yes ☐ No ☐

4. **What is your desired outcome/remedy of the investigation?**

Signature: _____ Date: _____

Complainants may appeal decisions by the principal or immediate supervisor to the appropriate District level administrator, who shall attempt to resolve the complaint to the satisfaction of the person involved within 60 days. Parties should consider and accept the Superintendent's, or the designee's decision as final.

Mail or email your complaint/documents to:

Dr. Andres Santa Maria
UCP Complaints and Title IX Compliance Officer
500 E. Santa Barbara Street, Santa Paula, CA 93060
ucp@santapaulausd.org
titleIX@santapaulausd.org

Julie Bergman
UCP Complaints: Health and Safety Concerns in State Preschool
201 S. Steckel Drive, Santa Paula, CA 93060
preschool@santapaulausd.org