

UNIFORM COMPLAINT PROCEDURES/TITLE IX COMPLAINT FORM

The Pleasanton Unified School District (PUSD) has a responsibility to ensure compliance with applicable state and federal laws and regulations governing educational programs. Early resolution of complaints is encouraged whenever possible. 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 race or ethnicity; ancestry; color; ethnic group identification; nationality; national origin; immigration status; sex; sexual orientation; sex stereotypes; gender; gender identity; gender expression; religion; disability; medical condition; genetic information; pregnancy, false pregnancy, childbirth, termination of pregnancy, or related conditions or recovery; and parental, marital, and family status; any other characteristic identified in Education Code 200 or 220, Government Code 11135, or Penal Code 422.55; or based on the person's association with a person or group with one or more of these actual or perceived characteristics. To resolve complaints alleging **sex-based discrimination** including complaints of sexual harassment, the applicable **Title IX** procedures shall apply.

*This 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, bullying intimidation, or retaliation in district programs and activities
(See Options Below) (See Options on Page 2)

For allegations of noncompliance only, 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.

- | | |
|---|---|
| <input type="checkbox"/> Adult education programs | <input type="checkbox"/> Student fees |
| <input type="checkbox"/> After school education and safety programs | <input type="checkbox"/> Regional occupational centers and programs |
| <input type="checkbox"/> Agricultural career technical education | <input type="checkbox"/> School plans for student achievement as required for consolidated application for specified federal and/or state categorical funding |
| <input type="checkbox"/> Career technical/technical education & career technical/technical training programs | <input type="checkbox"/> School site councils as required for the consolidated application for specified federal and/or state categorical funding |
| <input type="checkbox"/> Child care and development programs | <input type="checkbox"/> State preschool programs |
| <input type="checkbox"/> Compensatory education | <input type="checkbox"/> State preschool health and safety issues in license-exempt programs |
| <input type="checkbox"/> Consolidated categorical aid programs | <input type="checkbox"/> 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 |
| <input type="checkbox"/> Course periods without educational content | <input type="checkbox"/> Any other state or federal educational program the Superintendent of Public Instruction or designee deems appropriate |
| <input type="checkbox"/> Educational rights and graduation requirements for students in foster care, unhoused students, students from military families, students formerly in juvenile court school, students who are migratory, and students participating in a newcomer program | |
| <input type="checkbox"/> Every Student Succeeds Act | |
| <input type="checkbox"/> Local control and accountability plan | |
| <input type="checkbox"/> Migrant education | |
| <input type="checkbox"/> Physical education instructional minutes | |

For all complaints of discrimination, harassment, bullying intimidation, or retaliation 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. Complaints involving sexual harassment, as defined by Title IX regulations, are not limited to the six month statute of limitations

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Lactating Student | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital, Parenting, or Breast-feeding Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> National Origin | <input type="checkbox"/> Association with an individual or group with one or more of the actual or perceived groups listed here |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Nationality | |
| <input type="checkbox"/> Unhoused/Foster Status | <input type="checkbox"/> Physical or Mental Disability | |

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

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Academic Support | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teacher Notification | <input type="checkbox"/> Safety Plan | _____ |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> 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) 410-4381

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

For Office use Only:

COMPLAINT RECEIVED BY: _____ DATE: _____