



# REED UNION SCHOOL DISTRICT

277 A Karen Way Tiburon, CA 94920 tel: 415.381.1112 fax: 415.384.0890  
www.reedschools.org

## UNIFORM COMPLAINT PROCEDURES FORM

The Uniform Complaint Procedures (UCP) process is available for all students, parents, employees, residents, or anyone who wishes to file a formal complaint of discrimination, harassment, bullying, intimidation, or retaliation based on a protected class. Additionally, complaints may also be filed regarding non-compliance of a State and/or Federal program.

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Contact information of the person completing this form (Complainant).

### Date of Complaint:

### Complainant Information

Complainant name: \_\_\_\_\_

Address (Home or Office) : \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Preferred Contact Method

Email Address: \_\_\_\_\_  Preferred Contact Method

Location of Alleged Violation (School/Activity/District Office):

\_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

### Student Information (If Applicable)

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Grade Level: \_\_\_\_\_ Student's School: \_\_\_\_\_



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## Your Relationship to Complainant

Parent    Guardian    Teacher    Self    Associate    Other \_\_\_\_\_

## Complaints of discrimination, harassment, bullying, intimidation and retaliation based on protected class.

Please the actual or perceived protected class on which the allegation is based below.

**NOTE: Complaints must be filed no later than six (6) months from the date of occurrence, or from when a school or district official had actual knowledge of its occurrence.** Complaints involving sexual harassment, as defined under the Title IX regulations, are not limited to the six month statute of limitations.

## Identify Allegation Type(s)

Bullying       Harassment       Retaliation       Discrimination  
 Compliance with State or Federal Programs

## Identify the actual or perceived protected class(es) on which the allegation is based on:

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

**For Allegations of noncompliance, check the program or activity referred to in your complaint. NOTE: Complaints must be filed within one year of enrollment or participation in any program listed below.**

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Any other state/federal educational program the Superintendent of Public Instruction deems necessary	<input type="checkbox"/> Career Technical & Technical Education & Career Technical & Technical Training
<input type="checkbox"/> Child Care & Development	<input type="checkbox"/> Educational Content	<input type="checkbox"/> Courses of Study without Plans
<input type="checkbox"/> Compensatory Education	<input type="checkbox"/> Every Student Succeeds Act	<input type="checkbox"/> Educational Rights of Foster Youth and Graduation Requirements for Foster, Homeless & Other Youth
<input type="checkbox"/> Consolidated Categorical Aid	<input type="checkbox"/> Juvenile Court Schools	<input type="checkbox"/> Local Control & Accountability
<input type="checkbox"/> Deficiencies related to Preschool Health & Safety Issues for a CA State Preschool	<input type="checkbox"/> Lactation Accommodations	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Learns Programs Former Students	<input type="checkbox"/> Migrant Education	<input type="checkbox"/> Instructional Minutes
<input type="checkbox"/> Pupil Fees	<input type="checkbox"/> School Safety Plans	<input type="checkbox"/> Tobacco-Use Prevention Education
<input type="checkbox"/> School-Site Council	<input type="checkbox"/> Special Education	



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**Complaint Details**

Please describe the incident or concern you have. Be sure to include the date/time (or approximate date/time), location of incident(s), and the name of any individual(s) involved, if known. Please attach additional documentation, if available.

Have you reported or discussed this incident or concern with any RUSD employee or school administrator? If so, please describe what occurred.

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



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

Complainant's Signature

Date:

List Attached Supporting Documents (If Applicable)

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.

*Note: Retaliation for filing a complaint is prohibited. If any participant in the complaint process experiences retaliation as a result of having participated in the process, please notify the Director of Student Services.*

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Brian Lynch – Director of Student Services  
Reed Union School District  
277 A Karen Way  
Tiburon, California 94920  
415.381.1112  
blynch@reedschools.org