

UNIFORM COMPLAINT PROCEDURES FORM

The Uniform Complaint Procedures (UCP) complaint 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 District program, activity, services, or school-site council.

Current Date: _____ Date of Alleged Violation(s): _____

Contact information of the person filling out this form (Complainant).

COMPLAINANT INFORMATION

Complainant Name (First, Last): _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email address: _____

Location of alleged violation: Sunnybrae Elementary

STUDENT INFORMATION (IF APPLICABLE)

Student Name: _____

Student's Date of Birth: _____

Student's Grade: _____

Student's School: _____

YOUR RELATIONSHIP TO STUDENT

- ☐ Parent
- ☐ Teacher
- ☐ Guardian
- ☐ Associate
- ☐ None of these categories

SMFCSD Executive Director of Human Resources:
John Cosmos | (650) 312-7289 | jcosmos@smfcsd.net



SAN MATEO-
FOSTER CITY
SCHOOL DISTRICT

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

For all complaints involving employee-to-student, student-to-student, student-to-employee, third party-to-student, and employee-to-third party, check the actual or perceived protected class on which the allegation is based below. **Note: Must be filed no later than six months from the date of occurrence, or when the complainant had knowledge of the facts.** Complaints involving sexual harassment, as defined under the Title IX regulations, are not limited to the six month statute of limitations.

☐ Marital, parenting, or breastfeeding status	☐ Color	☐ Immigration Status
☐ Lactating Student	☐ Religion	☐ Nationality
☐ Mental or Physical Disability	☐ Sexual Orientation	☐ Race or Ethnicity
☐ Age	☐ Gender Identity	☐ Homeless/Foster Status
☐ Sex	☐ Gender Expression	☐ National Origin
☐ Ancestry	☐ Gender	☐ Genetic Information
☐ Association with an individual or group with one or more of the actual or perceived groups listed here.	☐ Ethnic Group Identification	

For allegations of noncompliance, check the program or activity referred to in your complaint below.

Note: Must be filed within one year of enrollment or participation in any program listed below.

☐ Adult education	☐ Compensatory education	☐ Every Student Succeeds Act/No Child Left Behind
☐ English Learner Programs	☐ Student fees	☐ School site councils for federal and/or state categorical funding
☐ Tobacco-Use Prevention Education	☐ Local Control & Accountability Plans (LCAP)	☐ SMFCSD Peer Assistance and review programs
☐ Consolidated categorical aid	☐ Migrant education	☐ After school education & safety
☐ Physical Education instructional minutes (K-8)	☐ Courses of study without educational content	☐ State or Federal educational program
☐ Accommodations for pregnant and parenting students	☐ School-Site Council School Safety Plans	☐ Regional occupational centers & programs
☐ Reasonable accommodations for lactating student	☐ Special Education	☐ State Preschool
☐ Childcare & Development		
☐ Deficiencies related to Preschool Health & Safety Issues for CA State Preschool		
☐ Career Technical & Technical Education & Career Technical & Technical Training		
☐ Educational Rights of Foster Youth and Graduation Requirements for Foster, Homeless & Other Youth (Former Juvenile Court Pupils, Children of Military Families, Migratory Pupils, and Newcomers)		
☐ Complaint alleging retaliation against a complainant		

For bullying complaints not based on protected groups and other complaints not listed on this form, contact the District Title IX Coordinator, Pam Bartfield, (650) 312-7252, pbartfield@smfcsd.net.

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DETAILS OF YOUR COMPLAINT

Please describe the incident or concern in as much detail as possible, such as dates, times, locations, individuals involved, statements that were made, witnesses, and to whom the incident was reported.

Please attach additional sheets or documentation if necessary.

Has the incident or concern been discussed with a school administrator, employee, their supervisor, or district personnel? If so, with whom, and what was the outcome?

What is your desired remedy for your complaint?

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I CERTIFY THAT THE INFORMATION I AM PROVIDING IS TRUE AND CORRECT.

COMPLAINANT'S SIGNATURE: _____

DATE: _____

SUPPORTING DOCUMENTS ATTACHED:

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Complainants are advised that while the District will make an effort to protect their privacy and confidentiality, investigation of the complaint may require disclosure of certain information for 'those in the need to know.' 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. You will receive an 'Acknowledgment Letter' and 'Letter of Findings' by email and U.S. mail.

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 site principal and/or the Title IX Compliance Officer.

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

**San Mateo-Foster City School District
ATTN: John Cosmos, Executive Director of Human Resources
1170 Chess Dr.
Foster City, CA 94404**

Email: jcosmos@smfcsd.net

Phone: (650) 312-7289