

Uniform Complaint Procedures (UCP)

Complaint Form (Administrative Regulation 1312.3)



Banning Unified School District has the primary responsibility to ensure compliance with applicable federal and state laws and regulations, including those related to unlawful discrimination, harassment, intimidation, or bullying against any protected group, and all programs and activities that are subject to the UCP. The District will investigate and resolve complaints in accordance with AR 1312.3, Uniform Complaint Procedures. As the complainant (person filing the complaint), please complete this form, providing as much information as possible and attaching any applicable supporting documentation, to assist the District in its investigation of the complaint. A complaint regarding student fees or the LCAP may be filed anonymously if the complainant provides evidence or information leading to evidence to support the complaint.

Last Name			First Name			Preferred Pronoun		
Address					City			Zip Code
Email						Phone #1		
Preferred Language			Translation Needed	☐ Yes ☐ No		Phone #2		
Complainant is a:	☐ Student ☐ Parent/Guardian/Caregiver ☐ Employee ☐ Community member ☐ Public agency ☐ Organization ☐ Other (<i>specify</i>):							
Complaint is filed on behalf of:	☐ Myself ☐ A student, not the complainant named above ☐ Not applicable							
Name of Affected Student (<i>if applicable</i>)								
Student's Date of Birth			Age			Gender		
School/Office of Alleged Violation						Date of Alleged Violation		

PROGRAM OR ACTIVITY ☐ Check if not applicable

If the complaint is alleging the District's noncompliance in the implementation of specified programs and activities, indicate below the program or activity that is the subject of this complaint. More than one may be selected.

- | | |
|--|--|
| ☐ Accommodations for pregnant/parenting students | ☐ Every Student Succeeds Act (ESSA) |
| ☐ Adult Education program | ☐ Local Control and Accountability Plan (LCAP) |
| ☐ After School Education and Safety program (ASES) | ☐ Migrant education |
| ☐ Agricultural career technical education | ☐ Physical education instructional minutes |
| ☐ Career Technical Education (CTE) | ☐ Reasonable accommodations for lactating student |
| ☐ Child care and development program | ☐ Regional occupational centers and programs |
| ☐ Compensatory education | ☐ School Plans for Student Achievement (SPSA) |
| ☐ Consolidated categorical aid programs | ☐ School safety plans |
| ☐ Course periods without educational content | ☐ School Site Councils (SSC) |
| ☐ Educational & graduation requirements, regarding: | ☐ State preschool programs |
| ☐ foster ☐ homeless ☐ military ☐ migratory | ☐ State preschool health and safety issues |
| ☐ newcomer ☐ formerly in a juvenile court school | ☐ Student fees |

DISCRIMINATION, HARASSMENT, INTIMIDATION, AND/OR BULLYING ☐ Check if not applicable

If the complaint is alleging unlawful discrimination, harassment, intimidation, and/or bullying, indicate below all applicable actual or perceived characteristics subject to this complaint.

- | | | |
|--|--|--|
| ☐ Ancestry | ☐ Age | ☐ Gender |
| ☐ Ethnic group identification | ☐ Color | ☐ Gender expression |
| ☐ Ethnicity | ☐ Parental status | ☐ Gender identity |
| ☐ Immigration status | ☐ Pregnancy | ☐ Genetic information |
| ☐ National origin | ☐ Marital status | ☐ Medical condition |
| ☐ Nationality | ☐ Physical or mental disability | ☐ Sex |
| ☐ Race | ☐ Religion | ☐ Sexual orientation |

1. Please describe, in as much detail as possible, the type of incident(s) you experienced that led to this complaint, including, but is not limited to: the event(s) or actions; the individuals involved; date(s) and time(s); location(s); frequency; and witnesses. (If necessary, continue the response to this question on a separate page. Be sure to indicate any additional pages by marking "Yes" to Question 3.)

2. What steps, if any, have you taken to resolve this issue before filing this complaint?

3. Describe any harm suffered as a result of the incident(s) described above.

4. Describe the proposed remedy/outcome that is being requested.

5. Do you have any written documents and/or other types of evidence that you can provide that may be relevant or supportive of your complaint?

☐ No ☐ Yes, copies of the documents/evidence are attached to this complaint

Signature of Complainant: _____ Date: _____

Submit your complaint/documents to:

Dr. Moises M. Merlos
Director, Student Services
Banning Unified School District Office
161 W. Williams Street, Banning, CA 92220
mmerlos@banning.k12.ca.us
Phone: (951) 922-0224

FOR OFFICE USE ONLY

Received by: _____

Title: _____

Date received: _____

Time received: _____

The Banning Unified School District prohibits discrimination, intimidation, harassment (including sexual harassment) and bullying based on actual or perceived age, ancestry, ethnicity, parental status, pregnancy status, color, mental or physical disability, gender, gender identity, gender expression, genetic information, immigration status, marital status, medical condition, nationality, race, religion, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics.