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 State and/or Federal program.

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

Date

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 or District Office) Date of Alleged Violation

Student Information (If Applicable)

Student's Name

Student's Date of Birth

Student's Grade Level and School

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Your Relationship to Complainant

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

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: Complaints must be filed no later than six months from the date of the 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

☐ Bullying ☐ Compliance w/ State & Federal Programs ☐ Discrimination ☐ Harassment ☐ Retaliation

Identify the actual or perceived protected class on which the allegation is based on:

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

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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 names of any individual(s) involved, if known. Please attach additional documentation, if available.

Have you reported or discussed this incident or concern with a Millbrae Elementary School District employee or school administrator? If so, please describe what occurred.

Please identify any expectations 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. Complaints will be reviewed in a timely manner.

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

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Catherine Waslif, Assistant Superintendent of Educational Services
555 Richmond Drive,
Millbrae, CA 94030
(650) 697-5693 ext. 021
cwaslif@millbraesd.org