Uniform Complaint Procedure
Discrimination/Harassment Complaint Reporting Form

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination, harassment, intimidation and bullying against any protected group. Protected groups are enumerated by Education Code §§ 200 and 220, Additionally, it is the policy of the State of California, pursuant to Section 200, that all individuals shall enjoy freedom from discrimination and/or harassment of any kind in the educational institutions of the state. This also includes sexual harassment, which is a form of sexual discrimination (EC § 231.5).

I. Contact Information:

Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work or Cell Phone: _____
Email: _____

II. Complainant

You are filing this complaint on behalf of: _____

☐ Parent/Guardian ☐ Pupil (Grade: _____) ☐ Witness to the Incident ☐ Other

III. School Information

School Name: _____
Principal's Name: _____
Address: _____ City: _____

IV. Basis of Complaint:

District violation of state or federal law or regulations governing:

☐ Accommodations for Pregnant or Parenting Students
☐ Adult Education
☐ After School Education and Safety
☐ Career/Technical Education
☐ Child Care & Development
☐ Compensatory Education
☐ Consolidated Categorical Aid
☐ Course periods without Educational Content
☐ Education of Pupils in Foster Care, Students Experiencing Housing Instability, Former Juvenile Court Students, and Students of Military Families
☐ Every Student Succeeds Act/No Child Left Behind (Titles I – VII)
☐ Local Control Accountability Plan
☐ Migrant Education
☐ Physical Education Instructional Minutes
☐ Pupil Fees for Educational Activities
☐ Regional Occupational Centers and Programs
☐ School Plans for Student Achievement
☐ School Safety Plans
☐ School Site Councils
☐ Special Education
☐ State Preschool
☐ State Preschool Health and Safety Issues in LEAs Exempt from License

Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced, (Education Code §§ 200 and 220

- ☐ Age
- ☐ Ancestry
- ☐ Breastfeeding Students
- ☐ Color
- ☐ Ethnic Group Identification
- ☐ Gender
- ☐ Gender Expression
- ☐ Gender Identity
- ☐ Genetic Information
- ☐ Marital or Parental Status
- ☐ Mental or Physical Disability
- ☐ National Origin
- ☐ Nationality
- ☐ Race or Ethnicity
- ☐ Religion
- ☐ Sex (Title IX)
- ☐ Sexual Harassment
- ☐ Sexual Orientation
- ☐ Association with any of these categories

Allegations of noncompliance of the following:

- ☐ Bullying that is **not** based on the above protected classes
- ☐ Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures
- ☐ If you are appealing an expulsion, list the date of the District's decision to expel: _____. (Please attach all expulsion documentation to your complaint.)

V. Details of Complaint

Please answer the following questions to the best of your ability. **Attach additional sheets of paper if you need more space.**

Please **describe** the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible (attach pages as needed):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

List the **individuals** involved in the incident(s) complaint of:

_____
_____
_____
_____

List any **witnesses** to the incident(s):

_____
_____
_____
_____

Describe the **location where** the incident(s) occurred:

_____
_____
_____
_____

Please list **all the date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____

I understand that the District will maintain the confidentiality of this information, to the extent provided by law or the applicable collective bargaining agreement; that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter; and if such information is available, I agree to present it upon request.

I understand that with the exception of pupil fee complaints, which may be filed within one (1) year of the alleged violation, all other complaints must be filed within six (6) months of the alleged occurrence. Pupil fees and LCAP complaints may be filed anonymously.

I believe that the forgoing is true and correct.

Note: I understand that if I file a complaint right before Thanksgiving Recess, Winter recess, Presidents' Week Recess, Spring Recess or Summer Recess, that school staff will be on vacation and it will take longer to investigate; and I agree to extend the timeline for responding to my complaint by the number of days schools are closed. Initials_____

_____ _____

Signature of person filing complaint **Date**

Please submit this complaint to:
Thomas Stafford
Interim Director of Special Education and Student Services
Pacifica School District
411 Oceana Boulevard
Pacifica, CA 94044
tstafford@pacificasd.org
(650) 738-6600

California Department of Education
Rev. 8/6/2026njo