



NEWMAN-CROWS LANDING UNIFIED SCHOOL DISTRICT
 1223 MAIN STREET
 NEWMAN, CA 95360

Uniform Complaint Form

To: Uniform Complaint Officer
 Newman-Crows Landing Unified School District
 1223 Main Street
 Newman, CA 95360
 Phone: 209-862-2933 Fax: 209-862-0113

From: Name: _____
 Address: _____
 City, State, Zip Code: _____
 Phone (Cell): _____
 Phone (Other): _____
 Email: _____

PROGRAM(S) CONCERNED (Please check below)

A. ____ Discrimination or harassment in programs receiving state financial assistance based on one of the following protected classes:

- | | | |
|---|--|--|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Color | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> National Origin | <input type="checkbox"/> Ethnic Group Identification |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Age | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Marital or Parental Status | <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Other |

OR

B. ____ A violation of federal or state law or regulation governing the following program(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> After School Education/Safety | <input type="checkbox"/> Course Periods w/o Ed. Content | <input type="checkbox"/> PE Instructional Minutes |
| <input type="checkbox"/> American Indian Ed. Centers | <input type="checkbox"/> Early Childhood Education/Assessments | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Education of: Foster; Homeless, Military
Juvenile Court School Students | <input type="checkbox"/> Reasonable Accommodations
Lactating Pupil |
| <input type="checkbox"/> Career Technical/Tech Ed. Training | <input type="checkbox"/> English Learner Programs | <input type="checkbox"/> Regional Occupational Centers |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Every Student Succeeds Act (Titles I-VII) | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> LCAP | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Migrant Education | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> Consolidated Categorical Aide | <input type="checkbox"/> Peer Assistance and Review for Teachers | <input type="checkbox"/> Tobacco-Use Prevention
Education |



NATURE OF COMPLAINT: (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint. Attach additional sheets, if necessary.)

Have you spoken with any District staff regarding this complaint? Yes No
If so, what are their names?

What was the result of the discussion?

Please provide a signature below. All complaints should be dated.

Signature(s) _____

Date _____

For District Use Only

Date complaint was received _____ / _____ / _____

District staff member who received the complaint _____

Title of District staff member who received the complaint _____

Date complaint was forwarded to Uniform Complaint Officer _____ / _____ / _____