Durham Unified School District
Uniform Complaint Procedures Form

Last Name_________________________________ First Name________________________
Student Name (If Applicable) ___________________________ Grade____ Date of Birth____
Address___________________________________________________ Apt/Suite #__________
City ___________________________ State _______ Zip Code_____________
Home Phone _______________ Cell Phone _______________ Work Phone_________
Email Address ___________________________ Date of Violation(s)___________________

School/Office of Alleged Violation(s)__________________________________________

For non-compliance allegations, check the program or activity referred to in your complaint if applicable:

☐ Ag career technical education  ☐ CTE and Technical Training (State)  ☐ CTE (Federal)  ☐ Compensatory education  ☐ Child nutrition

☐ Local Control & Accountability Plans (LCAP)  ☐ Every Student Succeeds Act (Titles 1-VII)  ☐ School safety plans  ☐ Special Education

☐Reasonable accommodations for a lactating, pregnant and parenting pupil

For complaints of unlawful discrimination, harassment, intimidation or bullying (employee-to-student, student-to-student, third party to student, employee-to third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected groups upon which the alleged conduct was based:

☐ Sex  ☐ Sexual Orientation  ☐ Gender
☐ Gender Identity  ☐ Gender Expression  ☐ Ancestry
☐ Ethnic Group Identification  ☐ Race or Ethnicity  ☐ Religion
☐ Nationality  ☐ National Origin  ☐ Immigration Status
☐ Color  ☐ Mental or Physical Disability  ☐ Lactating Student  ☐ Age
☐ Association with a person or group with one or more of the actual or perceived groups listed here

For bulling complaints not based on protected groups and other complaints not listed on this form, contact your school Title IX Administrator or Site Administrator. For complaints of employee-employee discrimination or harassment, contact the District Superintendent at 530-895-4675 x227.
1. Please give facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.
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2. Have you attempted to discuss your complaint with any District personnel? If so, with whom and what was the result?
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3. Provide copies of any written documents that may be relevant or supportive of your complaint.
I have attached supporting documents. Yes___ No___

Signature___________________________________________________________ Date_____________________

Mail, fax or email your UCP complaint/documents to:

John Bohannon, Superintendent
District Title IX Coordinator
Durham Unified School District
9420 Putney Drive, Durham, CA 95938
PO Box 300, Durham CA 95938
Phone: 530-895-4675 x227
Fax: 530-895-4692
Email: jbohannon@durhamunified.org