Exhibit E 1312.3 (a)

Human Resources Department

Uniform Complaint Procedures

Lemoore Union Elementary School District UNIFORM COMPLAINT PROCEDURES

Please complete all information. If you need help filling out the form please call 924-6800

Pate Name of Complainant		School	
Address	City	State	Zip
Phone (Day)	Phone (Evening)	Phone (C	ell)
Name of Parent if Not Complainant		Email Address (optional)	
Please check app box you checked:	ropriate box and circle specific descripto	or in the complaint	description of the
bullying, in district prethnicity, color, ancer mental disability, sex characteristics identif association with a per	a complaint alleging unlawful discrimination, incrograms and activities against any person based of stry, national origin, ethnic group identification, sexual orientation, gender, gender identity, gender in Education Code 200 or 220, Penal Code 4 rson or group with one or more of these actual or complaint alleging the district noncompliance we	on the person's actual of age, religion, marital of der expression, or general 22.55 or Government of the perceived characteristics.	or perceived characteristics of race r parental status, physical and/or etic information, or any other Code 11135 or based on his/her ics. (5 CCR 4610)
•	arges for participation in educational activities. (5		
Name of activity:	Amount of fee,	deposit, or charge \$:	
School:	Name of person	receiving fee:	
education programs,	complaint alleging district violation of applicab consolidated categorical aid programs, migrant e aild care and development programs, child nutriti the program(s).	ducation, career techni	cal and technical education and
Name of Program:			
Alleged violation:			
a lactating student on	complaint alleging district noncompliance with school campus to express breast milk, breastfeed (Education Code 222)		
	complaint alleging district noncompliance with ountability plan (LCAP). (Education Code 5207		ted to the implementation of the
legal requirement appliaison to the student,	complaint, by or on behalf of any student who is blicable to the student regarding placement decise, the award of credit for coursework satisfactorily imption from Board-imposed graduation requirer	ions, the responsibilitie completed in another	es of the district's educational school or district, school transfer,

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G. [] I am filing a complaint, by or on behalf of a homeless student noncompliance with any requirement applicable to the student regardin completed in another school or district or the grant of an exemption from Code 51225.1, 51225.2)	g the award of credit for coursework satisfactorily
H. [] I am filing a complaint alleging district noncompliance with the that prohibit the assignment of a student to a course without educational course the student has previously satisfactorily completed, without mee	l content for more than one week in any semester or to a
I. [] I am filing a complaint alleging district noncompliance with the for student in elementary school. (Education Code 51210, 51223)	e physical education instructional minutes requirement
J. [] I am filing a complaint alleging retaliation against a complainar anyone who has acted to uncover or report a violation subject to this po	
Note: For each box that you checked, please use the following contacomplaint. Be as factual and specific as possible. A student fee complaint the alleged violation. Complaints alleging unlawful discrimination, discrimitated no later than six months from the date when the alleged discand/or bullying occurred, or six months from the date when the complaints discrimination, discriminatory harassment, intimidation and/or bullying date of the alleged violation. If the violation has occurred over a period period in question.	int shall not be filed later than one year from the date of scriminatory harassment, intimidation, or bullying must crimination, discriminatory harassment, intimidation inant first obtained knowledge of the alleged g. Therefore, you must at least indicate the approximate
Please describe your complaint providing specific examples. Be names and time.	as specific as possible, giving date of incident,
REMEDY REQUESTED: What is the outcome you are see	king as the result of this complaint?
File this form with, Human Resources Department, 100 Vine (559) 924-6809.	Street, Lemoore, CA 93245 or fax to
Within 60 calendar days following the receipt of the complaint a written report	of the district's investigation shall be completed.
Signature of Complainant:	
(For Office Use O	
Date Received:	Date Complainant Was Contacted: Expected Response Date:
 ☐ The complainant is open to an informal resolution of this complaint. ☐ The complainant is not open to an informal resolution of this complaint. 	Епрессы Коронос Вис.