

GUSTINE UNIFIED SCHOOL DISTRICT
Uniform Complaint Procedures
COMPLAINT FORM

In accordance with Gustine Unified School District's Board Policy 1312, the District follows the uniform complaint procedures when addressing complaints alleging failure to comply with applicable state and federal laws and regulations including, but not limited to, allegations about discrimination, harassment, intimidation, bullying, and noncompliance with laws relating to pupil fees. A copy of the District's uniform complaint procedures is available online.

I. Contact Information:

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

II. Complainant

You are filing this complaint on behalf of: _____

- Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: _____ Principal's Name: _____ Teacher's Name: _____

IV. Basis of Complaint:

Please check the following box(es), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced:

- | | | |
|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability-Physical | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Harassment (Title IX) |
| <input type="checkbox"/> Disability-Mental | <input type="checkbox"/> Nationality | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> National Origin | <input type="checkbox"/> Association with any of these actual or perceived characteristics |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Parental Status | |

Violation of federal or state law or regulations governing the following:

- | | |
|--|--|
| <input type="checkbox"/> Adult Education Programs | <input type="checkbox"/> Education of Pupils who are Homeless |
| <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Education of former Juvenile Court Pupils now enrolled in a school district |
| <input type="checkbox"/> Agricultural Career Tech Education | <input type="checkbox"/> Education of Pupils of Military Families |
| <input type="checkbox"/> American Indian Education Center | <input type="checkbox"/> Every Student Succeeds Act/No Child Left Behind (Titles I-VII) |
| <input type="checkbox"/> Early Childhood Education Program Assessments | <input type="checkbox"/> Local Control and Accountability Plan |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> California Peer Assistance & Review Programs for Teachers | <input type="checkbox"/> Physical Education Instructional Minutes |
| <input type="checkbox"/> Career Technical Education/Training (State) | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Career Technical Education (Federal) | <input type="checkbox"/> Reasonable Accommodations to a Lactating Pupil |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Child Nutrition Programs | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Special Education Programs |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> Tobacco Use Prevention Education |
| <input type="checkbox"/> Economic Impact Aid | |
| <input type="checkbox"/> Education of Pupils in Foster Care | |

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, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred:

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

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

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

Signature of person filing complaint

Date

=====

Office Use Only:

Received by: _____ **Date Filed:** _____ **Name/Title:** _____