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:
 Age   Gender   Race or Ethnicity
 Ancestry   Genetic Information   Religion
 Color   Immigration Status   Sex
 Disability-Physical   Marital Status   Sexual Harassment (Title IX)
 Disability-Mental   Nationality   Sexual Orientation
 Ethnic Group Identification   National Origin   Association with any of these actual or perceived characteristics

Violation of federal or state law or regulations governing the following:
 Adult Education Programs   Education of Pupils who are Homeless
 After School Education and Safety   Education of former Juvenile Court Pupils now enrolled in a school district
 Agricultural Career Tech Education   Education of Pupils of Military Families
 American Indian Education Center   Every Student Succeeds Act/No Child Left Behind (Titles I-VII)
 Early Childhood Education Program Assessments   Local Control and Accountability Plan
 Bilingual Education   Migrant Education   Physical Education Instructional Minutes
 California Peer Assistance & Review Programs for Teachers   Pupil Fees   Reasonable Accommodations to a Lactating Pupil
 Career Technical Education/Training (State)   Regional Occupational Centers and Programs
 Career Technical Education (Federal)   School Safety Plans   Special Education Programs
 Child Care and Development Programs   State Preschool   Tobacco Use Prevention Education
 Child Nutrition Programs   Education of Pupils in Foster Care
 Compensatory Education

Revised: January 2019
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: __________________________