UNIFORM COMPLAINT PROCEDURES

asonton United School United

The Uniform Complaint Procedure (UCP) is used for complaints alleging non-compliance with state and federal laws law and regulations governing discrimination and/or educational programs.

Last Name:			First Name:			
Student Name (if applicable)			Date of	of Birth:	_	
Cell Phone: Work Phone:		Home	Home Phone:			
Mailing Address:			City/Zip Code:			
Please check: Parent/Guardian	\Box Student	□ District Employee	□ Ot	□ Other		
Subject of complaint (please check a	••••					
Any forms of discrimination (if the second secon	-					
Prohibition against requiring stud	dents to pay fees,	deposits or other charges for particular	rticipation in educati	on activities		
Requirements for development a	ind adoption of a	school safety plan				
□ Adult Education		fter School Education and Safety	Career Techn	ical Education/Training		
Child Care and Development		nild Nutrition	tion 🗌 Course Periods without Educational Content			
Early Childhood Program Assessr	nents 🛛 🗆 Ec	ducation of Homeless, Foster Car	e, former Juvenile Co	ourt, and military children pupils	;	
\Box Local Control Accountability Plan (LCAP)		□ Physical Education Minutes □ Reasonable Accommodations to a Lactating Student				
Special Education		□ Other areas: Bilingual Education/Compensatory Education/Migrant Education				
Tobacco Use Prevention	□ Ev	very Student Succeeds Act (ESSA)	/NCLB (Titles I-VII)			
Other						
Date of Alleged Violation:		Location of Alleged Violation:				
For complaints of discrimination, har student), please check the protected						
□ Actual or Perceived Sex	[□ Sexual Orientation	Gender	□ Age		
Gender Identity	Ε	Gender Expression	Ancestry			
Ethnic Group Identification	[Race or Ethnicity	Religion	Nationality		
National Origin	[Immigration Status	Color			
Mental or Physical Disability		Lactating Student				
□ Association with a person or grou	p with one or mo	re of the actual or perceived cate	egories listed above			

For bullying complaints not based on protected groups and other complaints not listed on this form, contact your school Site Administrator and/or please use the District Complaint Form.

A Williams Complaint, another type of UCP complaint, regards instructional materials, emergency or urgent facilities conditions that pose a threat to the health and safety of pupils, and teacher vacancy or mis-assignment, and may be filed anonymously or using the District's Williams Complaint Form.

Please describe the facts of your complaint in detail, with names, names of witnesses (if any), and explain everything that happened (e.g. X said Y, and A said B, then X did Z etc...). Please give as much detail as possible, with dates, and places. You may attach additional pages if necessary.

(use other side)

For Office use Only:

COMPLAINT RECEIVED BY:______ DATE & TIME: _____

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If you wish to submit a complaint anonymously, please contact the District office via telephone, 925-462-5500. The District's response and decision will be in writing and mailed to you within 60 days of receipt of this complaint. You may appeal the decision to the California Department of Education within 15 days of receiving our response, at 916-657-4766.

I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE:______ DATE:_____

This complaint form may be submitted to your principal or to the Senior Director of Human Resource located at the address listed below: Pleasanton Unified School District, 4665 Bernal Avenue, Pleasanton, CA 94566 or may also be emailed to: UCP@pleasantonusd.net

For Office use Only

COMPLAINT RECEIVED BY: ______ DATE & TIME: _____