

Uniform Complaint Form

SUNOL GLEN UNIFIED SCHOOL DISTRICT

PLEASE PRINT

Complainant Name: _____

Home Address: _____

Home Telephone: _____ Work: _____

Date of Alleged Incident: _____

Location of Alleged Incident: _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | |
|--|---|
| <input type="checkbox"/> Afterschool Education and Safety | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Local Control Accountability Plan (LCAP) |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Education of Pupils in Foster Care, Pupils who are Homeless, former Juvenile Court Pupils now enrolled in a school district | <input type="checkbox"/> Pupil Fees for Educational Activities |
| <input type="checkbox"/> Education of Children of Military Families | <input type="checkbox"/> School Plans For Student Achievement |
| | <input type="checkbox"/> School Safety Plans |
| | <input type="checkbox"/> School Site Councils |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental or Physical Disability |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Sex |
| | <input type="checkbox"/> Sexual Orientation |

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Administrator of Operations.

Provide a summary of the complaint. Please be as specific as possible. Include time, place, participants and witnesses to the alleged violation. Attach additional sheets of paper if necessary.

Have you discussed the problem with a staff member or administrator? If so, what was the outcome of your discussion?

Indicate below your recommendations for resolving the problem.

Signature of Complainant _____ Date _____