



UNIFORM COMPLAINT PROCEDURES (UCP) COMPLAINT FORM
For Complaints Regarding Discrimination, Harassment, Intimidation, and/or Bullying

COMPLAINANT CONTACT INFORMATION

Name* _____ Student Name (if applicable) _____
Address _____ City _____ Zip Code _____
Home Phone _____ Cell or Work Phone _____

I am filling this complaint of behalf of:

- Myself My child or student Another child or student A group

BASIS OF COMPLAINT

Discrimination, harassment, intimidation, or bullying** in district programs or activities on the basis of the following actual or perceived protected class or characteristic (check all that apply):

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

* For complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities, the complaint can be filed anonymously if the complainant provides enough evidence or information leading to evidence to support an allegation or noncompliance and to allow an appropriate investigation. However, if the complainant wishes to receive a copy of the District's decision in response to the complaint, the complainant's contact information requested above must be provided.

** For Complaints of bullying that are not based on the above listed protected classes or characteristics, please contact your school site principal for further investigation and response.

Non Compliance with state or federal laws regarding the following (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Adult Education Programs | <input type="checkbox"/> Consolidated Categorical Aid Programs |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Child Nutrition Programs |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Pupil Fees, Charges, or Deposits for Educational Activities |
| <input type="checkbox"/> Special Education Programs | |



Signature _____

Date _____

This complaint form must be submitted to the District Compliance Officer at the address listed below unless the complaint alleges noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities. In such cases, this complaint form may be submitted to your school site principal. Complaints alleging unlawful discrimination, harassment, intimidation, or bullying must be initiated no later than six months from the date of the alleged discrimination, harassment, intimidation, or bullying or six months from the date the complainant first obtained knowledge of the facts of the discrimination, harassment, intimidation, or bullying. Complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities must be filed no later than one year from the date the alleged violation occurred. Complaints will be investigated in a manner that protects the integrity of the process and the confidentiality of the parties to the extent that the investigation of the complaint is not obstructed. The District's governing board prohibits any form of retaliation against any person for the filing of a complaint or participation in the complaint process.

Once completed, please deliver your complaint and any attachments to:

Assistant Superintendent
20951 Pavilion Way, Lost Hills, CA. 93249
(661) 797-2941

The District will investigate and report its decision to the complainant with 60 calendar days of the District's receipt of the complaint per the District's Uniform Complaint Procedures found at Board Policy and Administrative Regulation 1312.3. The complainant has the right to appeal the District's final decision to the California Department of Education within 15 calendar days of receiving the decision.