



Atwater Elementary School District  
1401 Broadway Avenue - Atwater, CA 95301  
(209) 357-6100

**Uniform Complaint Procedures Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_ School/ Office of Alleged Violation \_\_\_\_\_

For allegation(s) of non-compliance, please check the program or activity referred to in your complaint, if applicable:

- Adult Education
- Career / Technical Education
- Special Education
- Consolidated Categorical Aid
- Child Care & Development
- Pupil Fees for Educational Activities
- Migrant Education
- Child Nutrition

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

- Actual or Perceived Sex
- Gender Identity
- Ethnic Group Identification
- Nationality
- Color
- Association with a person or group with one or more of the actual or perceived categories listed above
- Sexual Orientation
- Gender Expression
- Race or Ethnicity
- National Origin
- Mental or Physical Disability
- Gender
- Ancestry
- Religion
- Age

**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, including the events or actions, in as much detail as possible:

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List the individuals involved in the incident(s) complaint of:

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List any witnesses to the incident(s):

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Describe the location where the incident(s) occurred:

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Please list all date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

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

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\_\_\_\_\_  
Signature of person filing complaint

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Title: \_\_\_\_\_

Mail or fax your complaint/document to:

**Atwater Elementary School District**  
**1401 Broadway Avenue**  
**Atwater, CA 95301**  
**Fax: (209) 357-6516**

For more information please contact **Michelle Bush - Assistant Superintendent - Human Resources**  
**(209) 357-6100**