

Walnut Valley Unified School District

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 _____

Email _____

Date of Alleged Violation _____ School/Office of Alleged Violation _____

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Economic Impact Aid |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers | <input type="checkbox"/> Foster/Homeless |
| <input type="checkbox"/> Career/Technical Education, Career Technical and Technical Education, and Career Technical and Technical Training | <input type="checkbox"/> Local Control Accountability Plan |
| <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Pupil Fees for Educational Activities |
| <input type="checkbox"/> Courses without Educational Content / Already Satisfied for Graduation/Postsecondary Education | <input type="checkbox"/> Regional Occupational Centers and Programs |
| | <input type="checkbox"/> Retaliation |
| | <input type="checkbox"/> School Safety Plans |
| | <input type="checkbox"/> Special Education |
| | <input type="checkbox"/> Tobacco-Use Education |

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"/> Ethnic Group Identification | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion |
| | <input type="checkbox"/> Lactating Student | <input type="checkbox"/> Sex |
| | <input type="checkbox"/> Mental or Physical Disability | <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 Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations in your department/school.

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you attempted to discuss your complaint with any Walnut Valley Unified School District personnel? If so, with whom and what was the result?

3. What solutions or remedy are you seeking?

4. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes_____ No_____

Signature_____

Date_____

Mail, fax or email your complaint/documents to:

Matthew Witmer, Ed.D.
Deputy Superintendent
880 S. Lemon Ave.
Walnut, CA 91789
mwitmer@wvusd.k12.ca.us