MORENO VALLEY UNIFIED SCHOOL DISTRICT
UNIFORM COMPLAINT PROCEDURES FORM

Name: _____ Date: _____

Address: _____ Telephone: _____

_____ / _____ / _____
Name of Student School or Department Grade

Please fill out this form to the best of your ability and attach additional sheets of paper, if necessary.

1. Check the appropriate box:
   - ☐ I/We allege the District has violated the following federal or state law or regulation.
   - ☐ I/We allege to have been unlawfully discriminated against.

2. State the federal or state law or regulation violated or describe the nature of the alleged unlawful discrimination.

3. Date, time and place the alleged violation or alleged unlawful discrimination occurred.

4. Describe each violation or act of alleged unlawful discrimination in as much detail as possible.

5. Names of students, employees or other persons who violated federal or state law or regulations or unlawfully discriminated against you.

6. List the names of any witnesses.

7. If you are alleging unlawful discrimination, what was your reaction to the alleged acts of unlawful discrimination?

_____
Complainant's Signature Date Site/Dept. Signature Date

_____
Meeting Date with Administrator Signature of Administrator Signature of Complainant

DISTRIBUTION OF COPIES:
1. Four copies given to administrator.
2. After meeting with the administrator, a copy is given to the complainant, a copy is sent to the Superintendent, and a copy is retained by the administrator.
3. If needed, complainant submits/appeals to the Superintendent at MVUSD District Office, 25634 Alessandro Boulevard, Moreno Valley, CA 92553, (951) 571-7500.

August 11, 2018