

**STATE/FEDERAL UNIFORM COMPLAINT FORM**

Any staff member, parent, student, community member or applicant who has a complaint alleging unlawful discrimination based on age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in any program or activity that receives or benefits from state financial assistance; or a complaint alleging failure to comply with state and/or federal laws in adult education, consolidated categorical aid programs, migrant education, vocational education, child care and development programs, child nutrition programs, special education programs, and federal school safety planning requirements. may submit the complaint by completing this form and filing it with the appropriate compliance officer. For detailed explanation of complaint process, see reverse side. (If your complaint is against a district employee, please use the Complaint Concerning District Employee(s) Form. If your complaint is concerning instructional materials, please use the Citizen's Request for Reconsideration of Instructional Materials form instead of this form. If your complaint is regarding (1) emergency or urgent facilities conditions that pose a threat to the health and safety of pupils or staff; (2) insufficient instructional materials; or (3) teacher vacancies or misassignments, please use the Williams Uniform Complaint Form instead of this form. See more detailed explanation on reverse side, at the bottom of the page.)

NAME OF COMPLAINANT		DATE COMPLAINT FILED	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMAIL		
The complainant is a: <input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> COMMUNITY MEMBER			
SPECIFIC COMPLAINT (You may attach additional information if more space is needed).			
REMEDY SOUGHT			
All complaints will be responded to by the appropriate administrator. All parties filing allegations shall be notified when a complaint is filed, when a complaint meeting or hearing is scheduled, and when a decision or ruling is made.			
Signature of Complainant _____			

OFFICE USE ONLY	
RECEIVED BY	DATE