



# San Luis Coastal Unified School District Uniform Complaint Form

**For District Use Only:**

Received By: \_\_\_\_\_

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

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

*Any individual, public agency or organization may file a written complaint of alleged district noncompliance with the state and federal laws and regulations governing educational programs. The complaint must be initiated no later than six months from the date when the alleged noncompliance occurred or when the complainant first obtained knowledge of the facts of the alleged noncompliance. State law establishes a 60-day timeline for investigation, resolution, and district appeal process. This timeline is included in Administrative Regulation 1312.3. Further information regarding the Uniform Complaint Procedures may be obtained from the Director of Human Resources.*

## CONTACT INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

I am filing this complaint on behalf of: \_\_\_\_\_

I am a:     Parent/Guardian     Student     Witness to the Incident  
 Other, please explain: \_\_\_\_\_

## SCHOOL INFORMATION

School Name: \_\_\_\_\_

## BASIS OF COMPLAINT

District violation of state or federal law or regulations governing:

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Education                           | <input type="checkbox"/> Education Opportunities for Foster Students |
| <input type="checkbox"/> Career/Technical Education                | <input type="checkbox"/> Local Control Accountability Plan (LCAP)    |
| <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"/> Education Content Complaint (Grades 9-12) | <input type="checkbox"/> Special Education                           |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Age                           | <input type="checkbox"/> Marital or Parental Status  |
| <input type="checkbox"/> Ancestry                      | <input type="checkbox"/> Nationality   |
| <input type="checkbox"/> Breastfeeding Students        | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Color                         | <input type="checkbox"/> Race or Ethnicity   |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Ethnic Group Identification   | <input type="checkbox"/> Sex   |
| <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Sexual Harassment (Title IX)                                      |
| <input type="checkbox"/> Gender Identity               | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Gender                        | <input type="checkbox"/> Association with any of these actual or perceived characteristics |
| <input type="checkbox"/> Genetic Information           |  |

Allegations of noncompliance of the following:

- Bullying that is not based on the above listed protected classes
- Retaliation against a complainant or other participant in the complaint procedures

**DETAILS OF COMPLAINT**

Please answer the following questions to the best of your ability. Attach additional sheets as necessary.

Location(s) where the incident occurred: \_\_\_\_\_

Please describe the type of incident(s) you experienced that led to this complaint in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention.

List the individuals involved in the incident(s)

List any witnesses to the incident(s)

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

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM TO THE DESIGNATED DISTRICT-LEVEL COMPLIANCE OFFICER:  
Director of Human Resources  
1500 Lizzie Street, San Luis Obispo, CA 93422**

cc: Site/Department Administrator  
Complainant

org: Director of Human Resources

**NOTE TO STAFF: Provide current copy of BP&AR 1312.3.**