

Delano Union School District

Uniform Complaint Procedures

Complaint Form

In accordance with the Delano Union School District's Board Policy 1312.3, the District follows the uniform complaint procedures when addressing complaints alleging failure to comply with applicable state and federal laws and regulations including, but not limited to, allegations about discrimination, harassment, intimidation, bullying, and noncompliance with laws relating to pupil fees. A copy of the District's Uniform Complaint Procedures is available free of charge.

I. Contact Information

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of _____

- Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: _____

Principal's Name: _____

Teacher's Name: _____

IV. Basis of Complaint

Please check the following box(es), based on the type(s) of discrimination, harassment, intimidation, and bullying you experienced:

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

Violation of federal or state law or regulations governing the following:

- Accommodations for Pregnant and Parenting Pupils
- Adult Education
- After School Education and Safety
- Consolidated Categorical Aid Programs
- Career Technical and Technical Education and Career Technical and Technical Training Programs
- Child Care and Development Programs
- Child Nutrition Programs
- Compensatory Education
- Course Periods without Educational Content
- Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families, pupils formerly in Juvenile Court now enrolled in a school district, pupils who are migratory, and pupils participating in a newcomer program.
- Every Student Succeeds Act
- Local Control Accountability Plan (LCAP)
- Local Control Funding Formula
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Plans for Student Achievement
- School Site Councils
- State Preschool
- Special Education Programs
- State Preschool Health and Safety Issues in LEAs Exempt from Licensing

V. 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, 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 and location(s) where the incident(s) occurred:

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

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

Office Use Only:

Received by: _____

(Name and Title)

Date Filed: _____

9/11/24