LANCASTER SCHOOL DISTRICT

UNIFORM COMPLAINT PROCEDURE (UCP) FORM

Human Resources Services
44711 N. Cedar Avenue
Lancaster, CA 93534
(661) 948-4661

Use of this form is optional. A written UCP complaint may be submitted in another format. Please provide as much information as possible so the District can investigate and respond.

1. COMPLAINANT INFORMATION

Name	**Date**
Mailing Address	**City / State / ZIP**
Phone	**Email**

I am filing as: ☐ Student ☐ Parent/Guardian ☐ Employee ☐ Organization/Public Agency ☐ Community Member ☐ Other: _____

2. STUDENT / SCHOOL / PROGRAM INFORMATION (IF APPLICABLE)

Student Name	**School / Site**
Grade / Program	**Relationship to Student**

3. TYPE OF COMPLAINT (CHECK ALL THAT APPLY)

☐ Discrimination, harassment, intimidation, or bullying based on a protected characteristic	☐ Pupil fees, deposits, or other charges for participation in an educational activity
☐ Local Control and Accountability Plan (LCAP) requirements	☐ Programs/services for foster youth, students experiencing homelessness, or other protected student groups
☐ Career Technical Education/Training, Child Care and Development, Child Nutrition, Migrant Education, Special Education, or other state/federal program subject to UCP	☐ Other alleged violation covered by the Uniform Complaint Procedures: _____

4. DESCRIPTION OF COMPLAINT

Describe what happened. Include dates, locations, names/titles of people involved, and how the conduct or decision affected you or the student. If more space is needed, attach additional pages.

Date(s) of incident or when you first learned of the facts: _____

Location(s): _____

5. PEOPLE WITH INFORMATION / WITNESSES

Name	Role / Relationship	Contact Information (if known)

6. STEPS ALREADY TAKEN (OPTIONAL)

Identify any person you contacted, meeting held, report made, or action already taken regarding this concern.

7. REQUESTED RESOLUTION / REMEDY

What outcome or corrective action are you requesting?

8. SUPPORTING DOCUMENTS

Attached: ☐ Emails / messages ☐ Photos ☐ Records / reports ☐ Witness statements ☐ Other: _____

List any attachments or other evidence you want the District to review:

9. SIGNATURE / CERTIFICATION

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand the District may need to disclose information as necessary to investigate and resolve the complaint, consistent with applicable privacy laws. Retaliation for filing a complaint or participating in a complaint process is prohibited.

Signature	**Date**

Anonymous complaints: The District accepts anonymous complaints; however, anonymity may limit the District's ability to investigate or follow up with the complainant.

SUBMISSION INFORMATION

Submit to: Richelle Pulos, Director of Classified Personnel / Uniform Complaint Officer
Lancaster School District, Human Resources Services
44711 N. Cedar Avenue, Lancaster, CA 93534
Phone: (661) 948-4661 ext. 50152 | Email: titleixofficer@lancsd.org

Important timelines and rights: Complaints alleging unlawful discrimination, harassment, intimidation, or bullying generally must be filed within six months of the alleged conduct or the date the complainant first obtained knowledge of the facts, subject to applicable extensions. The District generally issues a written decision within 60 calendar days unless the complainant agrees in writing to an extension. Certain UCP decisions may be appealed to the California Department of Education within 30 days. Consult the District's current UCP notice/policy for complete requirements and exceptions.

FOR DISTRICT USE ONLY

Date Received	**Received By**
Complaint / Case No.	**Assigned Investigator**
Acknowledgment Sent	**Decision Due Date**

Submission Instructions: Submit your completed form using one of the following options:

Print and mail the form to: Title IX Officer, 44711 N. Cedar Ave., Lancaster, CA 93534; or

Click the Submit Form button below to email the completed form; or

Save the completed form to your device and email it as an attachment to titleixofficer@lancsd.org

Submit Form