



UNIFORM COMPLAINT PROCEDURES

The Uniform Complaint Procedure (UCP) is used for complaints alleging non-compliance with state and federal laws and regulations governing discrimination and/or educational programs.

Last Name: _____ First Name: _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Mailing Address: _____ City/Zip Code: _____

Please check: ☐ Parent/Guardian ☐ Student ☐ District Employee ☐ Other _____

Subject of complaint (please check all that apply):

- ☐ Any forms of discrimination (if the alleged harasser/discriminator is a School District employee, school-based or other law enforcement with which the district has a contract or agreement, or student)
- ☐ Prohibition against requiring students to pay fees, deposits or other charges for participation in education activities
- ☐ Requirements for development and adoption of a school safety plan
- ☐ Adult Education ☐ After School Education and Safety ☐ Career Technical Education/Training
- ☐ Child Care and Development ☐ Tobacco Use Prevention ☐ Course Periods without Educational Content
- ☐ Consolidated Categorical Aid Programs ☐ Reasonable Accommodations to a Lactating Student
- ☐ Education of Homeless, Foster Care, former Juvenile Court, and Students of Military Families
- ☐ Local Control Accountability Plan (LCAP) ☐ Physical Education Minutes ☐ Every Student Succeeds Act (ESSA)/NCLB (Titles I-VII)
- ☐ Other areas: Bilingual Education/Compensatory Education/Migrant Education ☐ Regional Occupational Programs
- ☐ Retaliation against Complainant or other Participant in the UCP Process

Date of Alleged Violation: _____ Location of Alleged Violation: _____

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third-party to student, including law enforcement interactions related to school activity/attendance), please check the protected classes (actual or perceived) upon which the alleged conduct was based:

- ☐ Actual or Perceived Sex ☐ Sexual Orientation ☐ Gender ☐ Age
- ☐ Gender Identity ☐ Gender Expression ☐ Ancestry
- ☐ Ethnic Group Identification ☐ Race or Ethnicity ☐ Religion
- ☐ Nationality ☐ National Origin ☐ Immigration Status
- ☐ Color ☐ Mental or Physical Disability ☐ Lactating Student
- ☐ Association with a person or group with one or more of the actual or perceived categories listed above

For bullying complaints not based on protected groups and other complaints not listed on this form, contact your school Site Administrator and/or you may click on the link provided to complete the Public Complaint Form.

Complaints regarding instructional materials, facility conditions that pose an emergency or urgent threat to the health or safety of students or staff, restroom maintenance, or complaints concerning teacher vacancy or misassignments should be filed using the Williams Compliant Form available at all school sites.

Please describe the facts of your complaint in detail, with names, names of witnesses (if any), and explain everything that happened and when. Please give as much detail as possible, including dates, and locations. You may attach additional pages if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If you have questions as to how to submit a complaint, please contact the District Office via telephone at 408-347-5261. The District's response and Investigation Report will be in writing and mailed to you within 60 days of receipt of this complaint. You may appeal the Investigation Report to the California Department of Education within 30 days of receiving our response, at 916- 319-0800.

I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

This complaint form may be submitted to your principal or to the *Director of Human Resources* located at the address listed below: East Side Union High School District, 830 North Capitol Avenue, San Jose, CA 95133 or may also be emailed to UCP@esuhsd.org

For Office use Only

COMPLAINT RECEIVED BY: _____ DATE & TIME: _____