Uniform Complaint Procedure

UCP Reporting Form
The Uniform Complaint Procedures must be used when addressing complaints regarding: (A) the alleged unlawful discrimination on the basis of age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in any program or activity conducted by a local agency, which is funded directly by or that receives or benefits from any state financial assistance; (B) adult education, consolidated categorical aide, migrant education, career technical/technical education/technical training, child care and development, child nutrition, and special education; and, (C) the alleged unauthorized charging of pupil fees for educational activities.

I. Contact Information:
Name: ____________________________________________________________
Address: _______________________________________________________
City: _______________________________ Zip: _________________________
Home Phone: _________________ Work or Cell Phone: ________________

II. Complainant:
You are filing this complaint on behalf of: ___________________________
☐ Yourself  ☐ your child or a (student)  ☐ another student  ☐ a group

III. School Information:
School Name: ____________________________
Principal’s Name: _______________________
Address: _______________________________ City: _______________________

IV. Basis of Complaint:
Please check the appropriate box(s) to identify the basis of your complaint.
☐ Adult Education  ☐ Consolidated Categorical Aid  ☐ Migrant Education
☐ Career Technical/Technical Education/Technical Training  ☐ Child Care and Development
☐ Child Nutrition  ☐ Special Education  ☐ Unauthorized charging of student fees
☐ Sexual Harassment  ☐ Discrimination on the basis of:
☐ Sexual orientation  ☐ Ancestry  ☐ Religion
☐ Gender  ☐ Mental or Physical disability  ☐ Color
☐ Ethnicity  ☐ Age  ☐ Association with any of these categories
☐ Race  ☐ National origin  ☐ Sex (Title IX)
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, including the events or actions, in as much detail as possible:

______________________________________________________________________________________________________________________________________________________________________________________

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

______________________________________________________________________________________________________________________________________________________________________________________

List any **witnesses** to the incident(s):

______________________________________________________________________________________________________________________________________________________________________________________

Describe the **location** where the incident(s) occurred:

______________________________________________________________________________________________________________________________________________________________________________________

Please list all **dates and times** when the incident(s) occurred or when the alleged acts first came to your attention:

______________________________________________________________________________________________________________________________________________________________________________________

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

______________________________________________________________________________________________________________________________________________________________________________________

_________________________________________  __________________________________________
Signature of person filing complaint                      Date

Received by: ______________________________________
Title: __________________________________________

**Please provide a duplicate copy to the complainant.**