



Chico Unified School District
1163 East 7th Street
Chico, California 95928-5999

FOR OFFICE USE ONLY
Date Received:
Received by:
Log No.:
Mailed to:
Date Mailed:
Copy filed by:
Response Due:

Uniform Complaint Form

Please complete the following form if there is a complaint or charge against any school site, program, office or school district employee.
Submit this complaint form to:
Chico Unified School District
1163 East 7th Street
Chico CA, 95928-5999
Telephone (530) 891-3000 for assistance with completing the form. The District will issue a written decision within 60 days.

To: Chico Unified School District
1163 East 7th Street
Chico CA, 95928-5999

From:
Name(s)
Address
Telephone Number(s)

Place a check next to the kind of complaint you are presenting:

- Program: and/or Discrimination on basis of: and/or Other:
Program for English Learners
Career/Technical Ed. & Civil Rights
Child Nutrition
Consolidated Categorical Programs
Educational Equity
Gifted and Talented Education (GATE)
Migrant Education
Special Education
Title I - No Child Left Behind
Vocational Education
Age
Ancestry and/or National Origin
Color
Ethnic Group Identification
Gender
Marital Status
Physical/Mental Disability
Race
Religion
Sex (actual or perceived)
Sexual Orientation
Association with a group or person with one or more of these actual/perceived characteristics

Name of school, program, or office or name of employee and job location against whom charge or complaint was directed:

Nature of complaint (attach additional pages if necessary):

Mediation: I have been offered and an opportunity for mediation for this complaint.
(accept/reject)

When did event(s) occur? Date(s): _____

Has the charge or complaint been discussed with the school principal, employee, or his/her supervisor?

To whom have you spoken? (Write name(s) in spaces provided.)

___ Director:	_____	Date: _____
___ Principal:	_____	Date: _____
___ Assistant Principal:	_____	Date: _____
___ Counselor:	_____	Date: _____
___ Teacher:	_____	Date: _____
___ Supervisor:	_____	Date: _____
___ Staff Member:	_____	Date: _____

What was the result of the discussion?

If you desire a remedy or wish the District to take a particular course of action, please specify:

I understand that the District will maintain this information confidential, to the extent provided by law or collective bargaining agreement; that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter; and, if such information is available, I agree to present it upon request.

I believe that the foregoing is true and correct.

Signature

Date