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
___ Career/Technical Ed. & Civil Rights
___ Child Nutrition
___ Consolidated Categorical Programs
___ Educational Equity
___ Gifted and Talented Education (GATE)
___ 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)

FOR OFFICE USE ONLY

Date Received: _____________________
Received by: _____________________
Log No.: _____________________
Mailed to: _____________________
Date Mailed: _____________________
Copy filed by: _____________________
Response Due: _____________________
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