



CHICO UNIFIED SCHOOL DISTRICT
 1163 East Seventh Street, Chico, California 95928-5999

FOR OFFICE USE ONLY

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

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 the Chico Unified District Office at 1163 East Seventh Street, Chico, CA 95928-5999. Call (530) 891-3000 for assistance with completing the form. The District will issue a written decision within 60 days.

UNIFORM COMPLAINT FORM

Submit Complaint to:

Director of State and Federal Programs
 1163 East Seventh Street, Chico, CA 95928-5999

The Director of State and Federal Programs, as the Compliance Officer, may assign other staff to investigate based on the nature of the complaint. The Compliance Officer will ensure that employees designated to investigate complaints are knowledgeable about the laws and programs for which they are responsible. Designated employees may have access to legal counsel. Staff members who may be asked to investigate complaints are:

- | | |
|---|---|
| <input type="checkbox"/> Assistant Superintendent, Human Resources | <input type="checkbox"/> Director, Classified Human Resources |
| <input type="checkbox"/> Assistant Superintendent, Business Services | <input type="checkbox"/> Director, Student Support Services |
| <input type="checkbox"/> Assistant Superintendent, Educational Services | <input type="checkbox"/> Director, Facilities |
| <input type="checkbox"/> Other _____ | |

The Compliance Officer will promptly notify the complainant if another employee is designated to investigate the complaint.

Complaint filed by:

Name: _____

Address: _____

Telephone Number(s): c: _____ h: _____ w: _____

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

<input type="checkbox"/> Program: ___ Program for English Learners ___ Career/Technical Ed. & Civil Rights ___ Child Nutrition ___ Consolidated Categorical Programs ___ Educational Equity ___ Gifted & Talented Education (GATE) ___ State Compensatory Education (SCE) ___ Migrant Education ___ Special Education ___ Title I – No Child Left Behind ___ Vocational Education	<input type="checkbox"/> Discrimination on basis of: ___ Age ___ Ancestry and/or National Origin ___ Bullying ___ Color ___ Ethnic Group Identification ___ Gender ___ Harassment ___ Intimidation ___ Marital Status ___ Physical/Mental Disability ___ Race ___ Religion ___ Sex ___ Sexual Harassment ___ Sexual Orientation ___ Based on association with a group or person with one or more of these actual/perceived characteristics	<input type="checkbox"/> Other:
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Name of school, program or office or name of employee and job location against whom charge or complaint is directed:

Nature of complaint (attach additional pages if necessary):

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

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

<u>Title</u>	<u>Name</u>	<u>Date(s)</u>
<input type="checkbox"/> Principal:	_____	_____
<input type="checkbox"/> Assistant Principal:	_____	_____
<input type="checkbox"/> Counselor	_____	_____
<input type="checkbox"/> Teacher	_____	_____
<input type="checkbox"/> Supervisor	_____	_____
<input type="checkbox"/> Staff Member	_____	_____
<input type="checkbox"/> Other	_____	_____

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

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