



Chico Unified School District  
 1164 East Seventh Street  
 Chico, California 95928-5999

## Uniform Complaint Form

**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:

Chico Unified School District  
 1163 East Seventh 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  
 1164 East Seventh Street  
 Chico CA, 95928-5999

From: \_\_\_\_\_  
*Name(s)*  
 \_\_\_\_\_  
*Address*  
 \_\_\_\_\_  
*Telephone Number(s)*

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

- | <b>Program:</b>  | <i>and/or</i> <b>Discrimination on basis of:</b>   | <i>and/or</i> <b>Other:</b> |
|--|--|-----------------------------|
| <input type="checkbox"/> Program for English Learners          | <input type="checkbox"/> Age   | _____                       |
| <input type="checkbox"/> Career/Technical Ed. & Civil Rights   | <input type="checkbox"/> Ancestry and/or National Origin   |                             |
| <input type="checkbox"/> Career/Technical Ed. & Civil Rights   | <input type="checkbox"/> Color   |                             |
| <input type="checkbox"/> Child Nutrition                       | <input type="checkbox"/> Ethnic Group Identification   |                             |
| <input type="checkbox"/> Consolidated Categorical Programs     | <input type="checkbox"/> Gender  |                             |
| <input type="checkbox"/> Educational Equity                    | <input type="checkbox"/> Marital Status  |                             |
| <input type="checkbox"/> Gifted and Talented Education (GATE)  | <input type="checkbox"/> Physical/Mental Disability  |                             |
| <input type="checkbox"/> Gifted and Talented Education (GATE)  | <input type="checkbox"/> Race  |                             |
| <input type="checkbox"/> Migrant Education                     | <input type="checkbox"/> Religion  |                             |
| <input type="checkbox"/> Special Education                     | <input type="checkbox"/> Sex (actual or perceived)   |                             |
| <input type="checkbox"/> Title I – <i>No Child Left Behind</i> | <input type="checkbox"/> Sexual Orientation  |                             |
| <input type="checkbox"/> Vocational Education                  | <input type="checkbox"/> 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?

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

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***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