



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	____ Age	_____
____ Career/Technical Ed. & Civil Rights	____ Ancestry and/or National Origin	
____ Career/Technical Ed. & Civil Rights	____ Color	
____ Child Nutrition	____ Ethnic Group Identification	
____ Consolidated Categorical Programs	____ Gender	
____ Educational Equity	____ Marital Status	
____ Gifted and Talented Education (GATE)	____ Physical/Mental Disability	
____ Gifted and Talented Education (GATE)	____ Race	
____ Migrant Education	____ Religion	
____ Special Education	____ Sex (actual or perceived)	
____ Title I	____ Sexual Orientation	
____ Vocational Education	____ 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