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: __________

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

Vocational Education

and/or Discrimination on basis of: __________

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

and/or Other: __________

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