

Oro Grande School District Uniform Complaint Procedures Form

Please select which best describes complainant:

- Parent/Guardian Employee Community Member Student (over age of 18)

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Date of Alleged Violation ____/____/____ School/Office of Alleged Violation _____

For complaints of bullying that are not based on the below listed protected characteristics please complete a Harassment, Intimidation, and Bullying Report form.

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Color | <input type="checkbox"/> Pregnant/Parenting Student |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Lactating Student | <input type="checkbox"/> Association with a person or group with one or more |
| <input type="checkbox"/> Mental or Physical Disability | of the actual or perceived categories listed |

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | |
|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Physical Education instructional minutes |
| <input type="checkbox"/> Agricultural Vocational Education | <input type="checkbox"/> Pupil Instruction – course periods without educational content |
| <input type="checkbox"/> American Indian Education Centers and Early Childhood Education Program | <input type="checkbox"/> Regional Occupational Program |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Special Education Programs |
| <input type="checkbox"/> Career Technical and Technical Education and Training Programs | <input type="checkbox"/> Titles I-IV programs, including improving academic achievement, compensatory education, English Learners programs replaced by Every Student Succeeds Act (ESSA) 2016-17 |
| <input type="checkbox"/> Child Care and Developmental Programs | <input type="checkbox"/> Tobacco-Use Prevention Education |
| <input type="checkbox"/> Child Nutrition Programs | <input type="checkbox"/> Unlawful pupil fees |
| <input type="checkbox"/> Foster and Homeless Students | |
| <input type="checkbox"/> Local Control Funding Formula (LCFF) and Local Control Accountability Plans (LCAP) | |

1. Please provide the facts about your complaint. Provide details such as the names of those involved, location, time, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you attempted to discuss your complaint with any Oro Grande School District personnel? If so, on what date, with whom and what was the result?

3. What is your desired outcome of the investigation?

Complainant's Signature

Date

Please PRINT your complete name

Complainants may, in some circumstance, have the rights to appeal decisions to the California Department of Education, or to seek review by the U.S. Department of Education, Office of Civil Rights, or may seek civil remedies for allegations of employment discrimination through the U.S. Equal Employment Opportunity Commission and California Department of Fair Employment and Housing.

Please deliver or mail this completed form to the Superintendent or Designee:

UPC Compliance Officer

Oro Grande School District
19900 National Trails Highway
Oro Grande CA 92368
760-243-5884