VINELAND SCHOOL DISTRICT

Uniform Complaint Procedures (UCP) Complaint Form

(For Complaints Regarding Discrimination, Harassment, Intimidation, and/or Bullying)

Complainant Contact Information

Name*		
Student Name (if applicable)	Date of Birth_	
Address	City	Zip Code
Home Phone	Cell or Work Phone	
I am filing this complaint on behalf of:] myself \square my child or a student \square	another child or student \square a group
	Basis of the Complain	<u>nt</u>
Discrimination, harassment, intimidation perceived protected class or characteristic		ns or activities on the basis of the following actual
□ Sex	☐ Sexual Orientation	☐ Gender
☐ Gender Identity	☐ Gender Expression	☐ Ancestry
☐ Ethnic Group Identification	☐ Race or Ethnicity	☐ Religion
□ Nationality	☐ National Origin	□ Age
☐ Marital or Parental Status	☐ Physical or Mental □	Disability Color
☐ Genetic Information		person or group with one or more eived categories listed above
charges for participating in educational Accountability Plan (LCAP), the compleading to evidence to support an allega complainant wishes to receive a copy of information requested above must be presented.	activities or noncompliance with the laint can be filed anonymously if the tion of noncompliance and to allow a f the District's decision in response to ovided. ot based on the above listed protecte	requiring students to pay fees, deposits, or other e legal requirements pertaining to the Local Control complaint provides enough evidence or information an appropriate investigation. However, if the to the complaint, the complainant's contact
Noncompliance with state or federal laws	regarding the following (check all the	hat apply):
☐ Adult Education Programs ☐ Consolidated Categorical Aid Programs		onsolidated Categorical Aid Programs
☐ Migrant Education	□ Car	reer/Technical Education Programs
☐ Child Care and Development Program	ıs 🗆 Ch	hild Nutrition Programs
☐ Special Education Programs		upil Fees, Charges, or Deposits for Educational Activi
☐ Development and Adoption of School Safety Plan		ocal Control Accountability Plan (LCAP)

Details of the Complaint

Date of Alleged Violation	Location of Alleged Violation			
Name of Person(s) Being Complained About (if applicable)				
Please complete the following to the best supporting or relevant documentation.)	t of your ability. (Attach additional sheets of paper if you need	I more space and attach any		
1. Please describe with as much detail as possible the facts underlying your complaint. Provide details such as the names of those involved, the dates an incident or incidents occurred, whether witnesses were present and the names of any witnesses, etc. Please provide any details, which you feel might be helpful to the complaint investigator.				
2. Please describe what steps, if any, you have taken to resolve this issue before filing this complaint. Have you attempted to discuss this issue with the person about whom you are complaining or with other District personnel? If so, with whom and what was the result?				
3. Please describe your desired outcome or remedy so as to assist the complaint investigator in attempting to satisfactorily resolve your complaint.				
Signature		Date		

This complaint form must be submitted to the District Compliance Officer at the address listed below unless the complaint alleges noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities. In such cases, this complaint form may be submitted to your school site principal. Complaints alleging unlawful discrimination, harassment, intimidation, or bullying must be initiated no later than six months from the date of the alleged discrimination, harassment, intimidation, or bullying. Complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities must be filed not later than one year from the date the alleged violation occurred. Complaints will be investigated in a manner that protects the integrity of the process and the confidentiality of the parties to the extent that the investigation of the complaint is not obstructed. The District's governing board prohibits any form of retaliation against any person for the filing of a complaint or participation in the complaint process.

Once completed, please deliver your complaint and any attachments to: Dr. Matthew W. Ross, Superintendent

The district will investigate and report its decision to the complainant within 60 calendar days of the District's receipt of the complaint per the District's Uniform Compliant Procedures found at Board Policy and Administrative Regulation 1312.3. The complainant has the right to appeal the district's final decision to the California Department of Education, or to the State Superintendent of Public Instruction for complaints alleging noncompliance with the legal requirements pertaining to the LCAP, within 15 calendar days of receiving the decision.