



Denair Unified School District

Community • Excellence • Commitment

3460 Lester Road • Denair, CA 95316

209-632-7514 • Fax 209-632-9194

Uniform Complaint Procedures Form

Last Name _____ First Name _____

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

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

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

For allegation(s) of non-compliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career / Technical Education | <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | |

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

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

Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please describe the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:

List the individuals involved in the incident(s) complaint of:

List any witnesses to the incident(s):

Describe the location where the incident(s) occurred:

Please list all date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of person filing complaint

Date

Received by:

Date Filed:

Title:

Mail or fax your complaint/document to:

Denair Unified School District
3460 Lester Road
Denair, CA 95316
Fax: (209) 632-4184

For more information please contact the Office of Student Support Services at (209) 632-7514 ext. 1202.