

# 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: [Education Code Sections 200 & 220 and Section 11135 of Government Code]**

- |  |  |
|--|--|
| <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"/> Preschool Health & Safety Issues  |
| <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"/> Juvenile Court Schools   | <input type="checkbox"/> Unlawful pupil fees   |
| <input type="checkbox"/> Foster and Homeless Students   | <input checked="" type="checkbox"/> School Safety Plans  |
| <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.

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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?

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3. What is your desired outcome of the investigation?

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Complainant's Signature

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Date

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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