

# Upland Unified School District 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 \_\_\_\_\_

Email \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Accommodations for Pregnant and Parenting Pupils  | <input type="checkbox"/> Local Control and Accountability Plans (LCAP)                          |
| <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 Career Technical Education   | <input type="checkbox"/> Pupil Fees   |
| <input type="checkbox"/> Career Technical Education (federal)  | <input type="checkbox"/> Reasonable Accommodations to a Lactating Pupil                         |
| <input type="checkbox"/> Child Care and Development  | <input type="checkbox"/> Regional Occupational Centers and Programs                             |
| <input type="checkbox"/> Compensatory Education  | <input type="checkbox"/> School Plans for Student Achievement                                   |
| <input type="checkbox"/> Consolidated Application  | <input type="checkbox"/> School Safety Plans  |
| <input type="checkbox"/> Course Periods without Educational Content  | <input type="checkbox"/> Schoolsite Councils  |
| <input type="checkbox"/> Education of Pupils in Foster Care, Pupils who are Homeless, former Juvenile Court Pupils now enrolled in a school district and Children of Military Families | <input type="checkbox"/> State Preschool  |
| <input type="checkbox"/> Every Student Succeeds Act  | <input type="checkbox"/> State Preschool Health and Safety Issues in LEAs Exempt From Licensing |

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

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations in your department/school.

