

Uniform Complaint Procedures (UCP) Form

1. Name of person filing this complaint:

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(s) of Alleged Violation _____ School/Office of Alleged Violation _____

2. For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

<input type="checkbox"/> Adult Education	<input type="checkbox"/> After School Education and Safety	<input type="checkbox"/> Agricultural Career Technical Education
<input type="checkbox"/> American Indian Education Centers and Early Childhood Education Program Assessments	<input type="checkbox"/> Bilingual Education	<input type="checkbox"/> California Peer Assistance and Review Programs for Teachers
<input type="checkbox"/> Career Technical and Technical Education, Career Technical, Technical Training (State)	<input type="checkbox"/> Career Technical Education (Federal)	<input type="checkbox"/> Child Care and Development
<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Compensatory Education	<input type="checkbox"/> Consolidated Categorical Aid
<input type="checkbox"/> Course Periods without Educational Content	<input type="checkbox"/> Economic Impact Aid	<input type="checkbox"/> Education of Pupils in Foster Care, Pupils Who Are Homeless, Former Juvenile Court Pupils Now Enrolled in a School District, and Pupils of Military Families
<input type="checkbox"/> Every Student Succeeds Act / No Child Left Behind (Titles I-VII)	<input type="checkbox"/> Local Control and Accountability Plans (LCAP)	<input type="checkbox"/> Migrant Education
<input type="checkbox"/> Physical Education Instructional Minutes	<input type="checkbox"/> Pupil Fees	<input type="checkbox"/> Reasonable Accommodations to a Lactating Pupil
<input type="checkbox"/> Regional Occupational Centers and Programs	<input type="checkbox"/> School Safety Plans	<input type="checkbox"/> Special Education
<input type="checkbox"/> State Preschool	<input type="checkbox"/> Tobacco-Use Prevention Education	

3. For complaints of discrimination, harassment, intimidation or 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"/> Gender Identity	<input type="checkbox"/> Ethnic Group Identification
<input type="checkbox"/> Nationality	<input type="checkbox"/> Color	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Race or Ethnicity	<input type="checkbox"/> National Origin
<input type="checkbox"/> Mental or Physical Disability	<input type="checkbox"/> Gender	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	
<input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above.		

4. What issues are not covered by the UCP:

Not all complaints fall under the scope of the UCP. Many concerns are the responsibility of the LEA, including classroom assignments, common core, grades, graduation requirements, hiring and evaluation of staff, homework policies and practices, provision of core curricula subjects, student advancement and retention, student discipline, student records, the Bagley-Keene Open Meeting Act, the Brown Act, and other general education requirements.

5. Please describe each alleged noncompliance, discriminatory, harassing, intimidating or bullying act. For each action, please include the date(s) the noncompliance, discrimination, harassment, intimidation, or bullying act occurred, the name(s) of each person(s) involved. Also, please provide the names of any person(s) who was present and witnessed the act(s). (Please type or print all information and use additional pages if more space is needed.)

6. Have you attempted to discuss your complaint with any Turlock Unified School District Personnel? If so, with whom and what was the result?

7. What would you like the program/school to do as a result of your complaint – what remedy are you seeking?

8. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes No

9. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

Date:	Print Name:	Signature:
Date:	Print Name:	Signature:

Return form to: Turlock Unified School District, Student Services, 1574 Canal Drive, Turlock, CA 95380, Room WW1

For questions or support filing a UCP, please contact Student Services at (209) 667-0632 (option 3).