

Glendale Unified School District Uniform Complaint Procedures Form

Complainant Last Name _____ Complainant First Name _____

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

Address _____ Apt./Suite # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Date(s) of Alleged Violation(s) _____

School/Office of Alleged Violation(s) _____

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

<input type="checkbox"/> Accommodations for pregnant and parenting pupils, including reasonable accommodations for lactating pupils (§§46015, 222)	<input type="checkbox"/> Adult education (§§8500-8538, 52334.7, 52500-52617)	<input type="checkbox"/> After school education and safety (§§8482-8484.65)	<input type="checkbox"/> Agricultural career technical education (§§52460-52462)	<input type="checkbox"/> Career technical and technical education and career technical and technical training programs (§§52300-52462)
<input type="checkbox"/> Child care and development programs (§§ 8200-8498)	<input type="checkbox"/> Compensatory education (§54400)	<input type="checkbox"/> Consolidated categorical aid programs [34 CFR §§299.10-12, §33315]	<input type="checkbox"/> Courses periods without educational content (§§51228.1-51228.3)	<input type="checkbox"/> Educational and graduation rights of students in foster care, homeless students, students formerly in a juvenile court school, migrant students, and immigrant students participating in a newcomer program (§§48645.7, 48853, 48853.5, 49069.5, 51225.1, 51225.2)
<input type="checkbox"/> Every Student Succeeds Act (20 United States Code §6301 et seq.; EC §52059)	<input type="checkbox"/> Local control and accountability plans (§52075)	<input type="checkbox"/> Migrant child education (§§54440-54445)	<input type="checkbox"/> Physical education instructional minutes (§§51210-51223)	<input type="checkbox"/> State preschools including health and safety issues in license-exempt programs (§8212; §§8235-8239.1)
<input type="checkbox"/> Regional occupational centers and programs (§§52300-52334.7)	<input type="checkbox"/> School plans for student achievement (§64001)	<input type="checkbox"/> School safety plans (§§32280-32289)	<input type="checkbox"/> School site councils (§65000)	<input type="checkbox"/> Student Fees (§§49010-49013)
<input type="checkbox"/> Any other state or federal educational program the State Superintendent of Public Instruction or designee deems appropriate			<input type="checkbox"/> Any complaint alleging retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to this policy	

For complaints of unlawful discrimination, harassment, intimidation or bullying of protected groups (employee-to-student, student-to-student, student-to-employee, third party to a student, employee-to-third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected groups upon which the alleged conduct was based:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Age |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> National Origin | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Parental Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Genetic Info |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived groups listed here | | | |

For bullying complaints not based on these protected groups and other complaints not listed on this form, contact your school's Site Administrator or the District's Executive Director of Elementary Instruction or Executive Director of Secondary Instruction.

For claims of employee-to-employee and student-to-employee discrimination or harassment, you may contact Human Resources.

If you have contacted your school and Executive Director and still require assistance, referrals or resources, contact the Equity, Access and Family Engagement Office at (818) 241-3111, x1457 or ----- (email).

1. Please give facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc. that may be helpful to the complaint investigator.

2. Have you attempted to discuss your complaint with any District personnel? If so, with whom and what was the result?

3. Provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes___ No___

Signature _____ Date _____

Mail, fax, or email your UCP complaint/documents to:

**Dr. Oscar Macias, Director
District Uniform Complaint Officer
Equity, Access and Family Engagement Office
Glendale Unified School District
223 North Jackson Street
Glendale, CA 91206
(818) 241-3111, x1457
FAX (818) 548-1813
omacias@gusd.net**