

# Rialto Unified School District

## Uniform Complaint Procedures

### **What is a Uniform Complaint?**

1. Any complaint alleging District violation of applicable state or federal law or regulations governing adult education programs, consolidated categorical aid programs, migrant education, career technical and technical education and training programs, child care and development programs, child nutrition programs, and special education programs.

2. Any complaint alleging unlawful discrimination, including discriminatory harassment, intimidation, or bullying in one of the above District programs and activities based on actual or perceived characteristics of race or ethnicity, color ancestry, nationality, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other characteristic identified in Education Code 200 or 220.

3. Any complaint alleging bullying in one of the above District programs and activities, regardless of whether the bullying is based on a person's actual or perceived characteristics identified in Education Code 200 or 220, based on his/her association with a person or group with one or more of the above listed or perceived characteristics.

4. Any complaint alleging the District's violation of the prohibition against requiring students to pay fees, deposits, or other charges for participation in education programs.

5. Any complaint alleging that the District has not complied with the requirements of the local control and accountability plan.

6. Any complaint alleging retaliation against a complainant or anyone who has acted in good faith in the complaint process or anyone who has acted in good faith in the complaint process.



# RIALTO UNIFIED SCHOOL DISTRICT

## UNIFORM COMPLAINT FORM

DATE: \_\_\_\_\_

NAME OF PERSON FILING THIS COMPLAINT:

1. NAME: MR. MRS. MS. \_\_\_\_\_  
(LAST) (FIRST) (MI)

PUPIL'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_  
(AREA CODE) (AREA CODE)

2. NAME OF PERSON YOU ARE COMPLAINING AGAINST:

NAME: MR. MRS. MS. \_\_\_\_\_  
(LAST) (FIRST) (MI)

JOB TITLE \_\_\_\_\_

LOCATION \_\_\_\_\_

PHONE: WORK \_\_\_\_\_  
(AREA CODE)

3. NATURE OF COMPLAINT:

CHECK ONE OR MORE AND SPECIFY EACH ITEM CHECKED

ACTUAL OR PERCEIVED SEX

MALE FEMALE

ANCESTRY

ETHNICITY

RELIGION

SEXUAL ORIENTATION

AGE

RACE

COLOR

NATIONAL ORIGIN

SEX (TITLE IX)

PREGNANCY

BULLYING

UNLAWFUL REQUIREMENT OF FEES

CHARACTERISTICS)

PERSON'S ASSOCIATION WITH A PERSON OR GROUP WITH ONE OR MORE OF THE ABOVE-NOTED REQUIREMENTS ACTUAL OR PERCEIVED CHARACTERISTICS

VIOLATION OF SCHOOL SAFETY PLAN

4. WHAT IS THE MOST RECENT DATE YOU WERE DISCRIMINATED AGAINST OR YOU WERE ADVERSELY AFFECTED BY THE PERSON(S) IDENTIFIED IN #2 ABOVE?

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5. IF THE ABOVE DATE IS MORE THAN 180 DAYS AGO, PLEASE EXPLAIN WHY YOU WAITED UNTIL NOW TO FILE YOUR COMPLAINT.

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6. WHEN DID THE ALLEGED DISCRIMINATION OR ADVERSE ACTION BEGIN?

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7. WHEN DID YOU FIRST BECOME AWARE THAT THE TREATMENT, ACT, OR DECISION WAS DISCRIMINATORY, ILLEGAL OR AGAINST BOARD POLICY, RULE OR REGULATION?

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8. HAVE YOU TRIED TO RESOLVE YOUR COMPLAINT WITH THE PERSON IDENTIFIED IN #2, HIS/HER IMMEDIATE SUPERVISOR, THE SCHOOL PRINCIPAL, OR PROGRAM ADMINISTRATOR?  
YES NO

IF YES, WHO DID YOU SPEAK TO?

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF DISCUSSION: \_\_\_\_\_

WHAT WAS THE RESULT OF THE DISCUSSION?

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9. PLEASE DESCRIBE THE INCIDENT(S) OF HARASSMENT OR DISCRIMINATION THAT YOU EXPERIENCED, INCLUDING PLACE WHERE INCIDENT(S) OCCURRED, AND PERSONS WHO WERE PRESENT WHEN EACH INCIDENT OCCURRED. (Attach additional pages if necessary)

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10. WHAT DO YOU EXPECT TO HAPPEN AS A RESULT OF THIS COMPLAINT?

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11. LIST THE NAME, ADDRESS AND PHONE NUMBER OF YOUR WITNESSES, AND STATE WHAT RELEVANT INFORMATION EACH OF YOUR WITNESSES WILL BE ABLE TO PROVIDE. (Attach additional pages if necessary)

WITNESS #1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

STATE WHAT INFORMAT

