UNIFORM COMPLAINT PROCEDURES

The Uniform Complaint Procedure (UCP) is used for complaints alleging non-compliance with state and federal laws and regulations governing discrimination and/or educational programs.

Last Name: _______________________________ First Name: _______________________________

Student Name (if applicable): _______________________________ Grade _____ Date of Birth _____________

Cell Phone: _______________________________ Work Phone: _______________________________ Home Phone: _______________________________

Mailing Address: __________________________________________ City/Zip Code: _______________________________

Please check: □ Parent/Guardian □ Student □ District Employee □ Other _______________________________

Subject of complaint (please check all that apply):

☐ Any forms of discrimination (if the alleged harasser/discriminator is a School District employee, school-based or other law enforcement with which the district has a contract or agreement, or student
☐ Prohibition against requiring students to pay fees, deposits or other charges for participation in education activities
☐ Requirements for development and adoption of a school safety plan
☐ Adult Education ☐ After School Education and Safety ☐ Career Technical Education/Training
☐ Child Care and Development ☐ Tobacco Use Prevention ☐ Course Periods without Educational Content
☐ Consolidated Categorical Aid Programs ☐ Reasonable Accommodations to a Lactating Student
☐ Education of Homeless, Foster Care, former Juvenile Court, and Students of Military Families
☐ Local Control Accountability Plan (LCAP) ☐ Physical Education Minutes ☐ Every Student Succeeds Act (ESSA)/NCLB (Titles I-VII)
☐ Other areas: Bilingual Education/Compensatory Education/Migrant Education ☐ Regional Occupational Programs
☐ Retaliation against Complainant or other Participant in the UCP Process

Date of Alleged Violation: _______________________________ Location of Alleged Violation: _______________________________

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student, including law enforcement interactions related to school activity/attendance), please check the protected classes (actual or perceived) upon which the alleged conduct was based:

☐ Actual or Perceived Sex ☐ Sexual Orientation ☐ Gender ☐ Age
☐ Gender Identity ☐ Gender Expression ☐ Ancestry
☐ Ethnic Group Identification ☐ Race or Ethnicity ☐ Religion
☐ Nationality ☐ National Origin ☐ Immigration Status
☐ Color ☐ Mental or Physical Disability ☐ Lactating Student
☐ Association with a person or group with one or more of the actual or perceived categories listed above

For bullying complaints not based on protected groups and other complaints not listed on this form, contact your school Site Administrator and/or you may click on the link provided to complete the Public Complaint Form.

Complaints regarding instructional materials, facility conditions that pose an emergency or urgent threat to the health or safety of students or staff, restroom maintenance, or complaints concerning teacher vacancy or misassignments should be filed using the Williams Compliant Form available at all school sites.

Please describe the facts of your complaint in detail, with names, names of witnesses (if any), and explain everything that happened and when. Please give as much detail as possible, including dates, and locations. You may attach additional pages if necessary.

________________________________________________________

________________________________________________________

For Office use only

COMPLAINT RECEIVED BY: _______________________________ DATE & TIME: _______________________________

Revision Adopted by Board of Trustees: 11/15/2018, 11/03/2022
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If you have questions as to how to submit a complaint, please contact the District office via telephone, 408-347-5258. The District’s response and Investigation Report will be in writing and mailed to you within 60 days of receipt of this complaint. You may appeal the Investigation Report to the California Department of Education within 30 days of receiving our response, at 916-319-0800.

I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE: _______________________________ DATE: _______________________________

This complaint form may be submitted to your principal or to the Director of Equity, Diversity, and Inclusion located at the address listed below: East Side Union High School District, 830 North Capitol Avenue, San Jose, CA 95133 or may also be emailed to UCP@esuhsd.org

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COMPLAINT RECEIVED BY: _______________________________ DATE & TIME: _______________________________