



Uniform Complaint Procedure Form

Last Name _____ First Name _____

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

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

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"/> Safety Planning Requirement | <input type="checkbox"/> Consolidated Categorical Aide | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Education Activities | |
| <input type="checkbox"/> Local Control Accountability Plan | | |

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

For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the School Site Principal or Human Resource Department.

1. Please give the 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 Farmersville Unified School District personnel? If so, with whom and what was the result?

3. Please 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 your complaint/documents to:

Farmersville Unified School District
Attn: Sergio C. Chavez, Superintendent
571 E. Citrus
Farmersville, CA 93223
(559) 592-2010