



**Uniform Complaint Procedures  
COMPLAINT FORM**

**I. Your Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**II. Complainant**

You are filing this complaint on behalf of:

Parent/Guardian     Pupil     Witness to the Incident     Other: \_\_\_\_\_

**III. School Information**

School Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Principal: \_\_\_\_\_

**IV. Basis of the Complaint**

**A. District violation of state or federal law or regulations/policies governing:**

- Compensatory Education
- Course Periods without Educational Content
- 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
- Every Student Succeeds Act / No Child Left Behind (Titles I–VII)
- Local Control and Accountability Plans (LCAP)
- Physical Education Instructional Minutes
- Pupil Fees
- School Plans For Student Achievement
- School Safety Plans
- School Site Councils

**B. Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:**

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|--|---|
| <input type="checkbox"/> Age (age 40+ in employment)   | <input type="checkbox"/> Nationality  |
| <input type="checkbox"/> Ancestry                      | <input type="checkbox"/> National Origin  |
| <input type="checkbox"/> Color                         | <input type="checkbox"/> Race or Ethnicity  |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Ethnic Group Identification   | <input type="checkbox"/> Sex  |
| <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Sexual Harassment (Title IX)   |
| <input type="checkbox"/> Gender Identity               | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Gender                        | <input type="checkbox"/> Association with any of these actual or<br>perceived characteristics |
| <input type="checkbox"/> Genetic Information           |   |
| <input type="checkbox"/> Marital or Parental Status    |   |

**C. Allegations of noncompliance of the following:**

- Student bullying that is not based on the above listed protected classes
- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

**D. Expulsion Appeal:**

- If you are appealing an expulsion, list the date of the District's decision to expel:  
*(Please attach all District expulsion documentation to your complaint)*

**V. Details of Complaint**

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred:

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List the **individuals** involved in the incident(s) complained of:

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List any **witnesses** to the incident(s):

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**What steps**, if any, have you taken to resolve this issue before filing a complaint?

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I understand that the District will maintain the confidentiality of this information, to the extent provided by law or the applicable collective bargaining agreement; that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter; and if such information is available, I agree to present it upon request.

I understand that with the exception of pupil fee complaints, which may be filed within one (1) year of the alleged violation, all other complaints must be filed within six (6) months of the alleged occurrence. Pupil fees and LCAP complaints may be filed anonymously.

I believe that the foregoing is true and correct.

**Note:** I understand that if I file a complaint right before Thanksgiving Recess, Winter Recess, Spring Recess or Summer Recess, that school staff will be on vacation and it will take longer to investigate; and I agree to extend the timeline for responding to my complaint by the number of days schools are closed.

Initials \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Filing Complaint**

\_\_\_\_\_  
**Date**

Please submit this complaint to:

**Leilani Bell, HR Manager, 300 El Cerrito Ave. Hillsborough, CA 94010; lbell@hcsdk8.org**