

**UNIFORM COMPLAINT PROCEDURES COMPLAINT FORM
COMPLAINANT CONTACT INFORMATION**

Last Name _____ First Name _____

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

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Date of Alleged Violation _____ School/Office of Alleged Violation _____

I am filing this complaint on behalf of: myself my child/student another child/student a group
BASIS OF COMPLAINT

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Economic Impact Aid |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Homeless | <input type="checkbox"/> Special Education | <input type="checkbox"/> Title I through Title VII |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Retaliation against Complainant | <input type="checkbox"/> School Safety Plan | |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Child Nutrition | |
| <input type="checkbox"/> Foster Youth | <input type="checkbox"/> Lactating Pupil Accommodations | <input type="checkbox"/> English Learner Education | |
| <input type="checkbox"/> Local Control Accountability Plan (LCAP) | <input type="checkbox"/> Course without Educational Content or Previously Completed | | |
| <input type="checkbox"/> Former Juvenile Court Student or Child of Military Family (Award of Course Credit) | | | |
| <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Agriculture Vocational Education | <input type="checkbox"/> Regional Occupation Centers | |
| <input type="checkbox"/> Peer Assistance Review for Teachers | <input type="checkbox"/> Tobacco-Use Prevention Education | <input type="checkbox"/> Compensatory Education | |

For complaints of discrimination, harassment, intimidation, and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based (check all that apply): Sex 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 or Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Age |
| <input type="checkbox"/> Parental Status | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | | |

*For complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities or noncompliance with the legal requirements pertaining to the Local Control Accountability Plan (LCAP), the complaint can be filed anonymously if the complaint provides enough evidence or information leading to evidence to support an allegation of noncompliance and to allow an appropriate investigation. However, if the complainant wishes to receive a copy of the County Office of Education's decision in response to the complaint, the complainant's contact information requested above must be provided.

Please complete the following to the best of your ability.

1. Please describe with as much detail as possible the facts underlying your complaint.
(Attach additional sheets of paper if you need more space and attach any supporting or relevant documentation.)
Provide details such as the names of those involved, the dates an incident or incidents occurred, whether witnesses were present and the names of any witnesses, etc. Please provide any details which you feel might be helpful to the complaint investigator.

2. Please describe what steps, if any, you have taken to resolve this issue before filing this complaint. Have you attempted to discuss this issue with the person about whom you are complaining or with other COE personnel? If so, with whom and what was the result?

3. Please describe your desired outcome or remedy so as to assist the complaint investigator in attempting to satisfactorily resolve your complaint, should you choose to participate in Mediation.

Signature _____

Date _____

This complaint form must be submitted to the Santa Cruz County Office of Education's Compliance Officer at the address listed below unless the complaint alleges noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities. In such cases, this complaint form may be submitted to your school site administrator. Complaints alleging unlawful discrimination, harassment, intimidation, or bullying must be initiated no later than six months from the date of the alleged discrimination, harassment, intimidation, or bullying, or six months from the date the complainant first obtained knowledge of the facts of the discrimination, harassment, intimidation, or bullying. Complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities must be filed not later than one year from the date the alleged violation occurred. Complaints will be investigated in a manner that protects the integrity of the process and the confidentiality of the parties to the extent that the investigation of the complaint is not obstructed. The COE's governing board prohibits any form of retaliation against any person for the filing of a complaint or participation in the complaint process.

Once completed, please deliver your complaint and any attachments to:

Troy Cope
400 Encinal Street
Santa Cruz, CA 95060
(831) 466-5751

The COE will investigate and report its decision to the complainant within 60 calendar days of the COE's receipt of the complaint per The COE's Uniform Compliant Procedures found at Board Policy and Administrative Regulation 1312.3. The complainant has the right to appeal the COE's final decision to the California Department of Education, or to the State Superintendent of Public Instruction for complaints alleging noncompliance with the legal requirements pertaining to the LCAP, within 15 calendar days of receiving the decision.