

WASHINGTON UNION SCHOOL DISTRICT UNIFORM COMPLAINT FILING FORM

File # _____

Please complete all information. If you need help filling out the form, please call 831-484-2166

Date	Name of Complainant	School
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Address	City	Zip	Phone Number
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Phone (Day)	Phone (Evening)	Phone (Cell)
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Name of other party involved: _____

First	Last
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School/Site subject to complaint	Name of Student (if relevant)
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- A. I am filing a complaint alleging unlawful discrimination based on ethnic group identification, religion, age, color, or physical/mental disability, sex, sexual orientation, race ancestry, national origin in any program or activity that is funded directly by, or that receives or benefits from, any state financial assistance.
- B. I am a complaint alleging failure to comply with a violation of federal or state laws in any of the following: adult education, consolidated categorical aid programs, migrant education, vocational education, child care and development programs, child nutrition programs and special education programs and federal school safety planning requirements. Please specify program(s).

Name Program: _____

Alleged Law/Regulation Violated: _____

Description of complaint (please be clear and concise in your statement of the circumstances involved in your complaint). If necessary, continue on the back side of this sheet.

Specific remedy sought by complainant:

Empty box for specific remedy sought by complainant.

Signature of complainant or representative

_____	Signature of person receiving complaint
_____	Date received by District Compliance Officer
_____	Date of final written decision: Findings and disposition of complaint (see attached full report)
_____	Date complainant noticed of right to appeal decision to the California Department of Education and procedures to be followed for initiating such an appeal.

_____ Date Recorded

_____ Recorded By