



# Jefferson Union High School District

## UNIFORM COMPLAINT FORM

### I. Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work of Cell Phone: \_\_\_\_\_

### 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 Complaint

District violation of state or federal law or regulations governing:

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Child Care & Development
<input type="checkbox"/> Career/Technical Education	<input type="checkbox"/> Pupil Fees for Educational Activities
<input type="checkbox"/> Special Education	<input type="checkbox"/> Migrant Education
<input type="checkbox"/> Local Control Accountability Plan	<input type="checkbox"/> Child Nutrition
<input type="checkbox"/> Consolidated Categorical Aid	

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

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

Allegations of noncompliance of the following:

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

**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 specific name of the complaint and/or 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:

If complaint refers to incident(s):

List the individuals involved in the incident(s) complaint:

List any witnesses to the incident(s):

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

Complainant's requested remedy:

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

\_\_\_\_\_  
Date

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**Office Use Only:**

Received by: \_\_\_\_\_  
Name and Title

Date Filed: \_\_\_\_\_

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**Please submit this complaint to:** Jefferson Union High School District  
Associate Superintendent of Student Services and Human Resources  
[dbasuino@jeffersonunion.net](mailto:dbasuino@jeffersonunion.net)  
699 Serramonte Blvd. #100  
Daly City, CA 94015