



FOR OFFICE USE ONLY

Date Received: _____
 Received by: _____
 Log No.: _____
 Mailed to: _____
 Date Mailed: _____
 Copy filed by: _____
 Response Due: _____

Uniform Complaint Procedures Form

Please complete the following form if there is a complaint or charge against any school site, program, office or school district employee. Submit this complaint form to:

Orland Unified School District
 903 South Street
 Orland, CA 95963

Telephone (530)865-1200 for assistance with completing the form. The District will issue a written decision within 60 days.

Last Name _____ First Name _____

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

Street Address/Apt# _____

City _____ State _____ Zip Code _____

Home phone _____ Cell Phone _____ Work Phone _____

School/Office of Alleged Violation _____

Place a check next to the kind of complaint you are presenting:

Program:

- ___ After School Education & Safety
- ___ Bilingual Education
- ___ Career Technical Education
- ___ Child Nutrition
- ___ Consolidated Categorical Programs
- ___ Educational Equity
- ___ English Learners Program
- ___ Every Student Succeeds Act
- ___ Local Control & Accountability Plan (LCAP)
- ___ Migrant Education
- ___ Pupil Fees
- ___ Special Education

and/or Discrimination on basis of:

- ___ Age
- ___ Ancestry and/or National Origin
- ___ Color
- ___ Ethnic Group Identification
- ___ Gender
- ___ Marital Status
- ___ Physical/Mental Disability
- ___ Race
- ___ Religion
- ___ Sex (actual or perceived)
- ___ Sexual Orientation
- ___ Association with a group or person with one or more of these actual/perceived characteristics

and/or Other:

1. Please give facts about the 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 discussed your complaint or brought your complaint to any Orland Unified School District personnel? If you have, to whom did you take your complaint, 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 document.

☐ Yes

☐ No

I understand that the District will maintain this information confidential, to the extent provided by law or 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 believe that the foregoing is true and correct.

Signature

Date