



FOR OFFICE USE ONLY

Date Received: _____

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
- ☐ Agricultural Career Technical Education
- ☐ Career Technical Education
- ☐ Child Care and Development Programs
- ☐ Consolidated Categorical Programs
- ☐ Discrimination, harassment, intimidation, or bullying against any protected group as identified under sections 200 and 220 and Section 11135 of the Government Code, including any actual or perceived characteristic as set forth in Section 422.55 of the Penal Code, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity conducted by an educational institution, as defined in Section 210.3, that is funded directly by, or that receives or benefits from, any state financial assistance.
- ☐ Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district
- ☐ Every Student Succeeds Act
- ☐ Local Control & Accountability Plan (LCAP)
- ☐ Migrant Education
- ☐ Physical Education Instructional Minutes
- ☐ School Plans for Student Achievement
- ☐ School Safety Plans
- ☐ Schoolsite Councils

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