E(3) 1312.3 (c)

PROPOSED CHANGES

FOR OFFICE USE ONLY

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

San Leandro Unified School District

UNIFORM COMPLAINT PROCEDURES
COMPLAINT FORM

Please complete the following form if there is a complaint involving Program Non-compliance/Discrimination or Discrimination against any protected group as listed in Board Policy 1312.3. Submit this complaint form to the District Office, Assistant Superintendent of Educational Services, 14735 Juniper Street, San Leandro, CA 94579. The telephone number is (510) 667-3538, FAX (510) 297-6156. Expect a response within thirty (30) calendar days.

TO: Assistant Superintendent, Educational Services
San Leandro Unified School District
14735 Juniper Street
San Leandro, CA 94579

FROM: _____
Name(s)

_____
Address

_____
Telephone Number(s)

Name of school, program or office or name of employee and job location against whom charge or complaint was directed:

_____

(A copy of the written complaint against an employee will be provided to the employee, except for sexual harassment and discrimination complaints.)

Nature of complaint:

_____
_____
_____
_____

Please check next to the kind of complaint you are presenting:

Program Non-compliance/Program Discrimination:and/or Discrimination, **harassment, intimidation, and bullying** on basis of:

___ Adult Basic Education
___ Program for English Learners
___ Career Technical Ed. & Civil Rights
___ Child Care and Development
___ Child Nutrition
___ Consolidated Categorical Programs
___ Educational Equity
___ Gifted and Talented Education (GATE)
___ State Compensatory Education (SCE)
___ School Improvement Program (SIP)
___ Special Education
___ Title I – *No Child Left Behind*
___ Safe and Drug Free Schools & Tobacco Use and Prevention Education (TUPE)
___ **Title IX Sex Discrimination**
___ **Student Fees/Charges for Participation in EducationalActivities**

___ Ethnic Group Identification
___ Race or Ethnicity
___ Ancestry/National Origin, Nationality
___ Religion
___ Color
___ Mental/Physical Disability
___ Actual or perceived Sexual orientation
___ Gender
___ Sex
___ Sexual Harassment
___ Sexual Orientation
___ Gender Identity*
___ Gender Expression**
___ Genetic Information***
___ Nationality
___ Age
OTHER:
___ _____

(*gender identity; **gender expression; ***Genetic information, see page E(3)1312.3(d))

When did event(s) occur? Date(s): _____

Has charge or complaint been discussed with the school principal, employee or his/her supervisor?

_____

To whom, if anyone, have you spoken? (Write name(s) in spaces provided.)

___	Director	_____	Date: _____
___	Principal	_____	Date: _____
___	Assistant Principal	_____	Date: _____
___	Counselor	_____	Date: _____
___	Teacher	_____	Date: _____
___	Supervisor	_____	Date: _____
___	Staff Member	_____	Date: _____
___	Other	_____	Date: _____

If a discussion took place, what was the result of the discussion?

_____
_____
_____
_____
_____
_____

If you desire a remedy or wish the District to take a particular course of action, please specify:

_____
_____
_____
_____
_____
_____

I understand that the District will maintain this information confidential, to the extent provided by law; 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: _____

*Gender identity is defined as a person's identity, expression, or physical characteristics regardless of whether those characteristics are traditionally associated with one's assigned biological sex at birth. Gender identity refers to the gender the individual experiences.

**Gender expression refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, hairstyle, voice and other forms of presentation.

***Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual's family members (i.e. family medical history).