# Uniform Complaint 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:

Chico Unified School District  
1164 East Seventh Street  
Chico, CA, 95928-5999  
Telephone (530) 891-3000 for assistance with completing the form. The District will issue a written decision within 60 days.

| To: | Chico Unified School District  
1164 East Seventh Street  
Chico CA, 95928-5999 |
|---|---|
| From: | Name(s)  
Address  
Telephone Number(s) |
| Place a check next to the kind of complaint you are presenting: | Program:  
and/or Discrimination on basis of:  
and/or Other: |
| ___ Program for English Learners | ___ Age  
___ Career/Technical Ed. & Civil Rights | ___ Ancestry and/or National Origin  
___ Career/Technical Ed. & Civil Rights | ___ Color  
___ Child Nutrition | ___ Ethnic Group Identification  
___ Consolidated Categorical Programs | ___ Gender  
___ Educational Equity | ___ Marital Status  
___ Gifted and Talented Education (GATE) | ___ Physical/Mental Disability  
___ Gifted and Talented Education (GATE) | ___ Race  
___ Migrant Education | ___ Religion  
___ Special Education | ___ Sex (actual or perceived)  
___ Title I – No Child Left Behind | ___ Sexual Orientation  
___ Vocational Education | ___ Association with a group or person with one or more of these actual/perceived characteristics |
| Name of school, program, or office or name of employee and job location against whom charge or complaint was directed: | |
| Nature of complaint (attach additional pages if necessary): | |
| Mediation: I have been offered and [accept/reject] an opportunity for mediation for this complaint. | |
When did event(s) occur? Date(s): ________________________________________________

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

To whom 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: ______________

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 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 _________________________________