

Mark West Union School District

**Uniform Complaint Procedures
COMPLAINT FORM**

In accordance with the Mark West Union School District's Board Policy 1312.3, the District follows the uniform complaint procedures when addressing complaints alleging failure to comply with applicable state and federal laws and regulations including, but not limited to, allegations about discrimination, harassment, intimidation, bullying, and noncompliance with laws relating to pupil fees. A copy of the District's uniform complaint procedures is available at www.mwusd.org.

I. Contact Information:

Name _____
Address _____
Home phone _____ Work phone _____

II. Complainant:

You are filing this complaint on behalf of: _____
 Parent/Guardian Pupil Witness to the Incident Other

III. School Information:

School Name: _____
Principal Name: _____
Teacher Name: _____

IV. Basis of Complaint:

Please check the following boxes based on the type(s) of discrimination, harassment, intimidation and bullying you experienced:

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Association with any of these actual or perceived characteristics: |

Violation of federal or state law or regulations governing the following:

- | | |
|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Child Care and Development Programs |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Child Nutrition Programs |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Special Education Programs |
| <input type="checkbox"/> Career Technical Programs | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Local Control Funding Formula | <input type="checkbox"/> Local Control Accountability Plan |

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 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 locations(s) where the incident(s) occurred:

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

List any **witnesses** to the incident(s):

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

Signature of person filing complaint

Date

Office use only:

Received by: _____ Date: _____

(Name & Title)