

Paradise Unified School District
6696 Clark Rd
Paradise, California 95969



FOR OFFICE USE ONLY	
Date Received:	_____
Received by:	_____
Log No.:	_____
Mailed to:	_____
Date Mailed:	_____
Copy filed by:	_____
Response Due:	_____

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:

Paradise Unified School District
6696 Clark Rd
Paradise, CA 95969

Telephone (530) 872-6400 for assistance with completing the form. The District will issue a written decision within 60 days.

To: Paradise Unified School District
6696 Clark Rd
Paradise, CA 95969

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: |
|---|--|----------------------|
| <input type="checkbox"/> Program for English Learners | <input type="checkbox"/> Age | _____ |
| <input type="checkbox"/> Career/Technical Ed. & Civil Rights | <input type="checkbox"/> Ancestry and/or National Origin | |
| <input type="checkbox"/> Career/Technical Ed. & Civil Rights | <input type="checkbox"/> Color | |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Ethnic Group Identification | |
| <input type="checkbox"/> Consolidated Categorical Programs | <input type="checkbox"/> Gender | |
| <input type="checkbox"/> Educational Equity | <input type="checkbox"/> Marital Status | |
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Physical/Mental Disability | |
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Race | |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Sex (actual or perceived) | |
| <input type="checkbox"/> Title I | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Vocational Education | <input type="checkbox"/> 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 _____ an opportunity for mediation for this complaint.
(accept/reject)

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