UNIFORM COMPLAINT PROCEDURE FORM

TO: Linda C. T. Simlick
   General Counsel
   San Juan Unified School District
   3738 Walnut Avenue
   Carmichael, CA 95608
   Phone: (916) 971-7110

I. COMPLAINANT'S INFORMATION

   Name: ________________________________________
   Last Name              First               M.I.                Mr./Mrs./Ms.
   Address: ________________________________________
   Street Name        Ste. # or Apt. #    City           State           Zip
   Phone:  Work (_____)____________    Home (_____)________ ____

II. THIS COMPLAINT IS FILED ON BEHALF OF:

   ☐ My child:   Student's Legal Name: ______________________________
                  School of Attendance: ______________________________
   ☐ Myself:    ☐ SJUSD employee
   ☐ Parent
   ☐ Other ______________________________

   ☐ An agency: ______________________________________
   Name of Agency
   Address
   Name and Position

III. PLEASE FILL IN SPECIFIC INFORMATION ABOUT THE COMPLAINT ON PAGE 2.

IV. Initial
   ☐ I have received a copy of Board Policy 1312.3 and a description of the appeal process. (See reverse.)

V. Initial
   ☐ Mediation is a process in which a third party attempts to resolve the dispute between parties. Participation is
     strictly voluntary by both parties. I agree to participate in mediation and should mediation be used, I understand that
     the 40 day time line for the District to respond to the complaint will be extended by 30 days.

I hereby certify that the information in this formal complaint is correct to the best of my knowledge.

__________________________________ ___________________ _________  ___________________________________
Signature of Complainant        Date

Original to Legal Services • First Copy to Director of Applicable Program • Second Copy to Complainant
1. Please identify the program, service or activity you believe has failed to comply with state or federal laws or regulations, including unlawful discrimination or harassment. (Programs, services and activities are listed on pg 1.)

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

2. Location where the alleged violation(s) occurred:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

3. Date(s) when the alleged violation(s) occurred or when the alleged violation(s) first came to your attention:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

4. Describe the events or actions which lead you to believe that the district's program(s) has failed to comply with state or federal laws or regulations, or that you or your child has been subject to unlawful discrimination or harassment. Attach additional information or documentation if available.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

5. What steps, if any, have you taken to resolve this issue prior to the filing of this written complaint?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Original to Legal Services • First Copy to Director of Applicable Program • Second Copy to Complainant