



SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Uniform Complaint Procedures COMPLAINT FORM

I. Contact Information

Last Name: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____

II. Complainant

You are filing this complaint on behalf of: _____

- Parent/Guardian
- Pupil
- Witness to the Incident
- Other

III. School Information

School Name: _____

Grade: _____ Principal: _____

IV. Basis of Complaint

District violation of state or federal law or regulations governing:

- | | |
|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Education Opportunities to Foster Students |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Local Control Accountability Plan |
| <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Pupil Fees for Educational Activities |
| <input type="checkbox"/> Education Content Complaint (9 th -12 th graders) | <input type="checkbox"/> Special Education |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital or Parental Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Breastfeeding Students | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Physical or Mental 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 (Title IX) |
| <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 |
| <input type="checkbox"/> Genetic Information | |

Allegations of noncompliance of the following:

- Bullying that is not based on the above listed protected classes
- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

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 allege acts first came to your attention and location(s) where the incident(s) occurred:

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

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

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

Signature of Person Filing Complaint

Date

Please submit this complaint to:

Office of Equity
555 Franklin Street, 3rd Floor
San Francisco, CA 94102
T: (415) 355-7334
F: (415) 355-7333
E: equity@sfusd.edu