

UNIFORM COMPLAINT PROCEDURES FORM

The Uniform Complaint Procedures (UCP) complaint process is available for all students, parents, employees, residents, or anyone who wishes to file a formal complaint of discrimination, harassment, bullying, intimidation, or retaliation based on a protected class. Additionally, complaints may also be filed regarding non-compliance of a District program, activity, service, or school-site council. For all other complaints that do not fit the scope and criteria of a Uniform Complaint Procedures complaint, please file a District-Level Complaint (DLC).



Contact information of the person filling out this form (Complainant).

COMPLAINANT INFORMATION

Complainant Name

Address (home or office)

City, State, Zip Code

Phone Number (Cell: home or work)

Email Address

Location (School or District Office)

STUDENT INFORMATION

Student Name

Student Age (Date of Birth)

Student's Grade

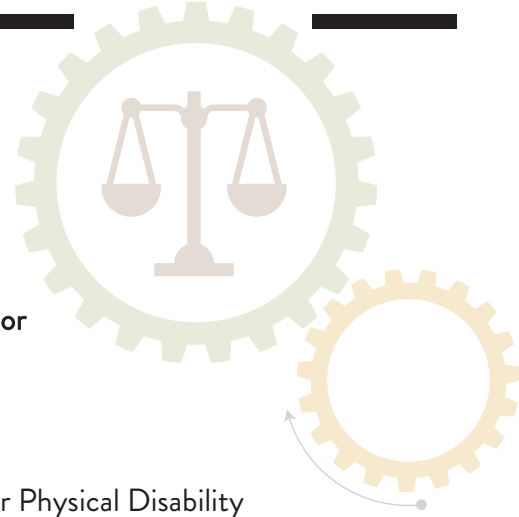
YOUR RELATIONSHIP TO STUDENT

- Parent Teacher Guardian
 Associate None of these categories

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COMPLAINTS OF DISCRIMINATION, HARASSMENT, BULLYING, INTIMIDATION, AND RETALIATION BASED ON PROTECTED CLASS.

For all complaints involving employee-to-student, student-to-student, student-to-employee, third party-to-student, and employee-to-third party, check the actual or perceived protected class on which the allegation is based below. **Note: Must be filed no later than six months from the date of occurrence, or when the complainant had knowledge of the facts.** Complaints involving sexual harassment, as defined under the Title IX regulations, are not limited to the six month statute of limitations.



- Marital, parenting, or breastfeeding status
- Age
- Sexual Orientation
- Immigration Status
- National Origin
- Association with an individual or group with one or more of the actual or perceived groups listed here.
- Lactating Student
- Sex
- Gender Identity
- Nationality
- Genetic Information
- Ancestry
- Gender Expression
- Race or Ethnicity
- Mental or Physical Disability
- Color
- Homeless/Foster Status
- Religion
- Ethnic Group Identification

For allegations of noncompliance, check the program or activity referred to in your complaint below. **Note: Must be filed within one year of enrollment or participation in any program listed below.**

- Adult Education §8500-8538, §52500-52621
- Consolidated Categorical Aid listed in §64000(a)
- Local Control & Accountability Plans §52075
- Child Care & Development §8200-8498
- School-Site Council §65000-65001 §35147
- Juvenile Court Schools including Former Students §48645.7
- Berkeley Peer Assistance and Review Programs
- Any other state/federal educational program the Superintendent of Public Instruction deems necessary.
- Deficiencies related to Preschool Health & Safety Issues for a CA State Preschool §8235.5
- Career Technical & Technical Education & Career Technical & Technical Training §52300-52462
- Educational Rights of Foster Youth (§48853, §48853.5, §49069.5) and Graduation Requirements for Foster, Homeless & Other Youth (Former Juvenile Court Pupils, Children of Military Families, Migratory Pupils, and Newcomers) §51225.1
- English Learner Programs §300-340
- Physical Education Instructional Minutes (K-6) §51223
- Migrant Education §54440-54445
- Pupil Fees §49010-49014
- School Safety Plans §32289
- Every Student Succeeds Act
- Bears Programs
- Tobacco-Use Prevention Education §51202
- Lactation Accommodations §222
- Courses of Study without Education Content §51228.3
- Compensatory Education §54420-54425
- Special Education §56000-56865
- Learns Programs

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DETAILS OF YOUR COMPLAINT

Please describe the incident or concern in as much detail as possible, such as dates, times, locations, individuals involved, statements that were made, witnesses and to whom the incident was reported. Please attach additional sheets or documentation if necessary.



Has the incident or concern been discussed with a school administrator, employee, or his/her/their supervisor? If so, what was the outcome?

What is your desired remedy for your complaint?

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I CERTIFY THAT THE INFORMATION I AM PROVIDING IS TRUE AND CORRECT.

COMPLAINANT'S SIGNATURE:

DATE:

SUPPORTING DOCUMENTS ATTACHED:

Complainants are advised that while the District will make an effort to protect their privacy and confidentiality, investigation of the complaint may require disclosure of certain information for 'those in the need to know.' By filing a complaint, the complainant authorizes the District to investigate and make disclosures as may be reasonably necessary to the investigation and resolution of the complaint. Complaints will be reviewed in a timely manner. You will receive an 'Acknowledgment Letter' and 'Letter of Findings' by email and U.S. mail.

Note: Retaliation for filing a complaint is prohibited. If any participant in the complaint process experiences retaliation as a result of having participated in the process, please notify the site principal and/or the Title IX Compliance Office.

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Stephen Jimenez-Robb
District Title IX Coordinator/Compliance Officer
Berkeley Unified School District
2020 Bonar Street, Room 117, Berkeley, CA 94702
Email: complaints@berkeley.net
Phone: (510) 486-9338

