

**MODESTO CITY SCHOOLS
UNIFORM COMPLAINT PROCEDURE FORM**

Exhibit 1312.3

Complainant's Information

Name: _____
Last Name First M.I. Mr./Mrs./Ms.

Address: _____
Street Name Ste.# or Apt. # City State Zip

Phone: () () () _____
Work Home Cell

Email Address: _____

This complaint is filed on behalf of:

My child: Student's Legal Name: _____
School of Attendance: _____

Myself: MCS employee Parent Other: _____

An Agency: _____
Name of Agency

Address

Name and Title

Email Address

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Foster/Homeless |
| <input type="checkbox"/> Physical Education Minutes | <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education | | |

For complaints of discrimination, harassment, intimidation and/or ***bullying** (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | | |
|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Ethnic Group Identification |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | | |

****For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact the District's Title IX Coordinators.***

Please fill in specific information about the complaint below.

1. Please identify the individual, 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 page 1.): _____

2. Location(s) 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?

Initial

I have received a copy of Board Policy 1312.3 and a description of the appeal process.

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 timeline 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