### 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:

| Chico Unified School District  
| 1164 East Seventh Street  
| Chico, California 95928 |

Telephone (530) 891-3000 for assistance with completing the form. The District will issue a written decision within 60 days.

**To:** Chico Unified School District  
1164 East Seventh Street  
Chico CA, 95928-5999

**From:**  
______________________________  
______________________________  
Name(s)

______________________________  
______________________________  
Address

______________________________  
______________________________  
Telephone Number(s)

Place a check next to the kind of complaint you are presenting:

<table>
<thead>
<tr>
<th>Program:</th>
<th>and/or Discrimination on basis of:</th>
<th>and/or Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__</td>
<td>Program for English Learners</td>
<td>__</td>
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<td>__</td>
<td>Career/Technical Ed. &amp; Civil Rights</td>
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<td>Child Nutrition</td>
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<td>__</td>
<td>Consolidated Categorical Programs</td>
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<td>__</td>
<td>Educational Equity</td>
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<td>__</td>
<td>Gifted and Talented Education (GATE)</td>
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<td>Migrant Education</td>
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<td>Special Education</td>
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<td>__</td>
<td>Title I – No Child Left Behind</td>
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<td>__</td>
<td>Vocational Education</td>
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</tbody>
</table>

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