

GOLD TRAIL UNION SCHOOL DISTRICT

UNIFORM COMPLAINT PROCEDURES

(BP 1312.3 & AR 1312.3)

Please complete all information

Today's Date: _____

Name of Person Filing Complaint: _____ School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____
(Day) (Evening) (Cell)

Name of Parent if Not Complainant: _____

Please check and complete "A" or "B"

A. I am filing a complaint alleging unlawful discrimination based on ethnic group identification, religion, age, gender, color, or physical and/or mental disability, sex, sexual orientation, race, ancestry, national origin in any program or activity that receives or benefits from state financial assistance.

B. I am filing a complaint alleging failure to comply with a violation of federal and/or state laws in any of the following: adult education, consolidated categorical aid programs, migrant education, vocational education, child care and development programs, child nutrition programs or special education programs and federal school safety planning requirements. Please specify the program(s):

Name of Program: _____

Alleged Law/Regulation Violated: _____

Note: For each box that you checked, please use the following continuation page to specifically describe the nature of your complaint. Be as factual and specific as possible. Discrimination complaints must be initiated no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts supporting the alleged discrimination. Therefore, you must at least indicate the approximate date of the alleged violation. If the violation has occurred over a period of time or is continuing, please indicate the time period in question.

**File this form with: Gold Trail Union School District, Superintendent
1575 Old Ranch Rd
Placerville, CA 95667
(530) 626-3194**

Within 60 calendar days of receiving the complaint, a written report of the district's investigation and decision shall be completed.

Signature of Complainant: _____ **Date:** _____

: **FOR DISTRICT USE ONLY:** :
: Request Received By: _____ Title: _____ Date Received: _____ :
: Date Complainant was Contacted: _____ Decision/Response Date _____ :
: Action Taken: _____ :
: _____ :
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