Fontana Unified School District
Uniform Complaint Procedures Form

Please select which best describes complainant:

☐ Parent/Guardian  ☐ Employee  ☐ Community Member  ☐ Student (over age of 18)

Last Name ____________________________________________ First Name ________________________________________

Student Name (if applicable) ____________________________ Grade _____ Date of Birth ________________

Home Phone ____________________________ Cell Phone _______________________________________

Address _________________________________ City _________________ State _____ Zip Code ___________

Date of Alleged Violation ____/____/____ School/Office of Alleged Violation _______________________

For complaints of bullying that are not based on the below listed protected characteristics,
and other complaints not listed on this form, please complete a General Complaint Form.

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:

☐ Age  ☐ National Origin
☐ Ancestry  ☐ Nationality
☐ Color  ☐ Pregnant/Parenting Student
☐ Ethnic Group Identification  ☐ Race or Ethnicity
☐ Gender  ☐ Religion
☐ Gender Expression  ☐ Sex
☐ Gender Identity  ☐ Sexual Orientation
☐ Lactating Student  ☐ Association with a person or group with one or more of the actual or perceived categories listed
☐ Mental or Physical Disability

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

☐ Adult Education  ☐ Migrant Education
☐ After School Education and Safety  ☐ Physical Education instructional minutes
☐ Agricultural Vocational Education  ☐ Pupil Instruction – course periods without educational content
☐ American Indian Education Centers and Early Childhood Education Program  ☐ Regional Occupational Program
☐ Consolidated Categorical Aid Programs  ☐ Special Education Programs
☐ Career Technical and Technical Education and Training Programs  ☐ Titles I-IV programs, including improving academic achievement, compensatory education, English Language Learners programs replaced by Every Student Succeeds Act (ESSA) 2016-17
☐ Child Care and Developmental Programs  ☐ Tobacco-Use Prevention Education
☐ Child Nutrition Programs  ☐ Unlawful pupil fees
☐ Foster and Homeless Students
☐ Local Control Funding Formula (LCFF) and Local Control Accountability Plans (LCAP)
1. Please provide the facts about your complaint. Provide details such as the names of those involved, location, time, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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2. Have you attempted to discuss your complaint with any Fontana Unified School District personnel? If so, on what date, with whom and what was the result?

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__________________________________________________________________________________________

3. What is your desired outcome of the investigation?

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Complainant’s Signature _______________________________ Date _______________________________

Please PRINT your complete name

Complainants may, in some circumstance, have the rights to appeal decisions to the California Department of Education, or to seek review by the U.S. Department of Education, Office of Civil Rights, or may seek civil remedies for allegations of employment discrimination through the U.S. Equal Employment Opportunity Commission and California Department of Fair Employment and Housing.

For questions or clarification, you may contact the Office of the Superintendent at 909-357-5000.

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