

# Castro Valley Unified School District

## UNIFORM COMPLAINT PROCEDURES

**Purpose:** The Uniform Complaint Procedures (UCP) may be used for complaints alleging non-compliance of state and federal laws and regulations governing educational programs or discrimination. Most parents'/guardians' concerns can be resolved informally with the school principal. If this is not possible, this form may be used to file a formal complaint.

Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Please check:  Parent/Guardian  Student  District Employee  Other \_\_\_\_\_

**Subject of complaint (please check all that apply):**

- Any forms of discrimination (if the alleged harasser/discriminator is a School District employee or District)
- Prohibition against requiring students to pay fees, deposits or other charges for participation in educational activities.
- Requirements for development and adoption of a school safety plan.
- Violation of law or regulation governing the following program(s):
  - Adult Education
  - Career/Technical Education
  - Child Development
  - Special Education
  - Child Nutrition
  - Section 504
  - Local Control Accountability Plan

Date of Problem: \_\_\_\_\_ Course/Grade Level and Teacher Name: \_\_\_\_\_

Location of Problem (School Name, Address, and Room Number or Location):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the issue of your complaint in detail. You may attach additional pages if necessary to fully describe the situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you attest you have read the school district policy of Uniform Complaint Procedures. If you wish to submit a complaint anonymously, please contact the district office via telephone, 510-537-3000.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

This complaint form must be submitted to the district office at the address listed below.

**Please file this complaint at the following location:**

Office of the Superintendent  
4400 Alma Avenue  
Castro Valley, CA 94546

For Office Use Only

COMPLAINT RECEIVED BY: \_\_\_\_\_ DATE & TIME: \_\_\_\_\_