

MODESTO CITY SCHOOLS  
UNIFORM COMPLAINT PROCEDURE FORM

Complainant's Information

Name: \_\_\_\_\_  
Last Name First M.I. Mr./Mrs./Ms.

Address: \_\_\_\_\_  
Street Name Ste.# or Apt. # City State Zip Code

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"/> <del>Child Nutrition</del> ← |
| <input type="checkbox"/> <del>Special Education</del> ←   | <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-employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristic 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.***

