

MODESTO CITY SCHOOLS UNIFORM COMPLAINT PROCEDURE FORM

Exhibit 1312.3 **(1)**

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:

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My child:

Student's Legal Name: _____

School of Attendance: _____

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Myself:

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MCS Employee

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Parent

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Other: _____

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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:

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Adult Education

Career/Technical Education

~~Special Education~~ ←

Physical Education Minutes

Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education

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Consolidated Categorical Aid

Child Care & Development

Pupil Fees for Educational Activities

Local Control Accountability Plan

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Migrant Education

~~Child Nutrition~~ ←

Foster/Homeless

Individual

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:

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Age

Gender

Ancestry

Nationality

Color

Association with a person or group with one or more of the actual or perceived categories listed above

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Sex

Gender Identity

Race or Ethnicity

National Origin

Mental or Physical Disability

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Sexual Orientation

Gender Expression

Ethnic Group Identification

Religion

Lactating Student

****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.***

Please fill in specific information about the complaint below.

1. Please identify the individual, program, service or activity you believe has failed to comply with state or federal laws or regulations, including unlawful discrimination or harassment. (Programs, services and activities are listed on page 1.): _____

2. Location(s) where the alleged violation(s) occurred: _____

3. Date(s) when the alleged violation(s) occurred or when the alleged violation(s) first came to your attention: _____

4. Describe the events or actions which lead you to believe that the District's program(s) has failed to comply with state or federal laws or regulations, or that you or your child has been subject to unlawful discrimination or harassment. Attach additional information or documentation if available. _____

5. What steps, if any, have you taken to resolve this issue prior to the filing of this written complaint?

Initial

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I have received a copy of Board Policy 1312.3 and a description of the appeal process.

Initial

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Mediation is a process in which a third party attempts to resolve the dispute between parties. Participation is strictly voluntary by both parties. I agree to participate in mediation and should mediation be used, I understand that the 40-day timeline for the District to respond to the complaint will be extended by 30 days.

I hereby certify that the information in this formal complaint is correct to the best of my knowledge.

Signature of Complainant

Date