



McSwain Union Elementary School District

Andrew Kersten, Superintendent

McSwain Union Elementary School District UNIFORM COMPLAINT PROCEDURES

Please complete all information. If you need help filling out the form, please call (209) 354-2711.

Date Name of Complainant School

Address City State Zip

Phone (Day) Phone (Evening) Phone (Cell)

Name of Parent if Not Complainant

Please check appropriate box and circle specific descriptor in the complaint description of the box you checked:

A. ☐ I am filing a complaint alleging unlawful discrimination, discriminatory harassment, intimidation, bullying based on race, ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, marital or parental status, physical and/or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information; or any other characteristic identified in Education Code 200 or 220, Penal Code 422.55, or Government Code 11135 or based on association with a person or group with one or more of these actual or perceived characteristics in educational programs, including all academic, extra-curricular and school-sponsored activities.

B. ☐ I am filing a complaint alleging any type of bullying in district programs and activities which is not otherwise covered by (A) above

C. ☐ Any complaint alleging the district's noncompliance with the requirement to provide reasonable accommodation to a lactating student on school campus to express breast milk, breastfeed an infant child, or address other breastfeeding - related needs of the student (Education Code 222)

D. ☐ I am filing a complaint alleging the district's noncompliance with Foster youth, Homeless students, and former juvenile court school students, federal and/or state laws

E. ☐ I am filing a complaint alleging the district has not complied with legal requirements related to Local Control Funding Formula (LCFF) or the implementation of the Local Control and Accountability Plan (LCAP) (Education Code 52075).

F. ☐ I am filing a complaint alleging the district's noncompliance with the Physical Education instructional minutes requirement for students in elementary school

G. ☐ I am filing a complaint alleging the district's noncompliance with Pupil Instruction: course periods without educational content or previously completed courses

H. ☐ I am filing a complaint alleging the district's noncompliance with the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational program, including curricular and extracurricular activities.

Name of activity: _____ Amount of fee, deposit, or charge \$: _____
School: _____ Name of person receiving fee: _____

I. ☐ I am filing a complaint alleging the district's noncompliance with a violation of federal and/or state laws in any of the following: adult education, American Indian education centers, consolidated categorical aid programs, migrant education, career technical and technical education, career technical and technical training programs, regional occupation programs, child care and development programs, after school programs, child nutrition programs or special education programs. The development and adoption of the school safety plan. Please specify the program(s).

Name of Program: _____
Alleged violation: _____

J. ☐ I am filing a complaint alleging retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to this policy

*****Note:** For each box that you checked, please use this page to specifically describe the nature of your complaint. Be as factual and specific as possible. Complaints alleging unlawful discrimination, discriminatory harassment, intimidation, or bullying must be initiated no later than **six months** from the date when the alleged incident occurred or when the complainant first obtained knowledge of the facts supporting the alleged discrimination. A pupil fee complaint shall not be filed later than one year from the date the alleged violation occurred. 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. ***

Please describe your complaint providing specific examples. Be as specific as possible, giving date of incident, names and time.

REMEDY REQUESTED: What is the outcome you are seeking as the result of this complaint?

File this form with, Superintendent's Office, 926 Scott Road, Merced, CA 95341 or fax to (209)723-2267.

Within 60 calendar days following the receipt of the complaint a written report of the district's investigation shall be completed.

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

(For Office Use Only)

Date Received: _____

Date Complainant Was Contacted: _____

Expected Response Date: _____

☐ The complainant is open to an informal resolution of this complaint.

☐ The complainant is not open to an informal resolution of this complaint.