



**Sequoia Union High School District**  
**Uniform Complaint Procedures**  
**COMPLAINT FORM**

**I. Your Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**II. Complainant**

You are filing this complaint on behalf of: \_\_\_\_\_

Parent/Guardian      Pupil      Witness to the Incident      Other: \_\_\_\_\_

**III. School Information**

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

Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

**IV. Basis of the Complaint**

**A. District violation of state or federal law or regulations/policies governing:**

Accommodations for Pregnant and Parenting Pupils  
Adult Education  
After School Education and Safety  
Agricultural Career Technical Education  
Career Technical and Technical Education; Career Technical; Technical Training (State)  
Career Technical Education (Federal)  
Child Care and Development  
Compensatory Education  
Course Periods without Educational Content  
Education Of Pupils In Foster Care, Pupils Who Are Homeless, Former Juvenile Court Pupils Now Enrolled In A School District, and Pupils Of Military Families

Every Student Succeeds Act / No Child Left Behind (Titles I–VII)  
Local Control and Accountability Plans (LCAP)  
Migrant Education  
Physical Education Instructional Minutes  
Pupil Fees  
Reasonable Accommodations to a Lactating Pupil  
Regional Occupational Centers and Programs  
School Plans For Student Achievement  
School Safety Plans  
School Site Councils  
State Preschool  
State Preschool Health And Safety Issues  
In LEAs Exempt From Licensing

**B. Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:**

Age (age 40+ in employment)	Marital or Parental Status
Ancestry	Nationality
Breastfeeding Students	National Origin
Color	Race or Ethnicity
Physical or Mental Disability	Religion
Ethnic Group Identification	Sex
Gender Expression	Sexual Harassment (Title IX)
Gender Identity	Sexual Orientation
Gender	Association with any of these actual or perceived characteristics
Genetic Information	

**C. Allegations of noncompliance of the following:**

Student bullying that is not based on the above listed protected classes  
Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

**D. Expulsion Appeal:**

If you are appealing an expulsion, list the date of the District's decision to expel: \_\_\_\_\_  
(Please attach all District expulsion documentation to your complaint)

**V. Details of Complaint**

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention and location(s) where the incident(s) occurred:

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List the **individuals** involved in the incident(s) complained of:

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List any **witnesses** to the incident(s):

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**What steps**, if any, have you taken to resolve this issue before filing a complaint?

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I understand that the District will maintain the confidentiality of this information, to the extent provided by law or the applicable collective bargaining agreement; that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter; and if such information is available, I agree to present it upon request.

I understand that with the exception of pupil fee complaints, which may be filed within one (1) year of the alleged violation, all other complaints must be filed within six (6) months of the alleged occurrence. Pupil fees and LCAP complaints may be filed anonymously.

I believe that the forgoing is true and correct.

Note: I understand that if I file a complaint right before Thanksgiving Recess, Winter Recess, Spring Recess or Summer Recess, that school staff will be on vacation and it will take longer to investigate; and I agree to extend the timeline for responding to my complaint by the number of days schools are closed. Initials \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Filing Complaint**

\_\_\_\_\_  
**Date**

Please submit this complaint to:

Assistant Superintendent of Human Resources  
Human Resources Department  
480 James Avenue  
Redwood City, CA 94062