

**Livingston Union School District**  
**922 B Street, Livingston CA 95334**  
**(209)394-5400**

## UNIFORM COMPLAINT FORM

This complaint form shall be used to address all complaints specified in Board Policy 1312.3. Complaints will be processed in accordance with the provisions of California Code of Regulations, Title 5, Sections 4600-4671. All complaints shall be investigated and resolved within 60 calendar days of the receipt of the complaint.

**FOR DISTRICT USE ONLY**

Date complaint was received:	Time complaint was received:	Case Log #:
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A student fee or LCAP complaint may be filed anonymously if the complainant provides evidence or information leading to evidence to support an allegation on noncompliance. Check here if you want to remain anonymous under this complaint type only:     Anonymous

**Complainant's Information:**

Name:		Address:	
Home Phone:	Cell:	City:	Zip
Student Name(if applicable):		Grade:	School:

**This complaint is filed on behalf of:**     Myself:     LUSD Employee     Parent     Other: \_\_\_\_\_  
 My child: Student's Name \_\_\_\_\_ School: \_\_\_\_\_  
 An Agency: Name/Address of Agency: \_\_\_\_\_

**PLEASE INDICATE THE TYPE OF COMPLAINT BELOW:**

<p><b>For allegations of noncompliance of State/Federal Laws Governing Educational Programs, please check program or activity:</b></p> <p><input type="checkbox"/> Categorical Aid Programs    <input type="checkbox"/> Migrant Education    <input type="checkbox"/> Child Nutrition Programs    <input type="checkbox"/> Special Education  <input type="checkbox"/> Child Care and Development Programs    <input type="checkbox"/> Adult Education</p>
<p><b>Discrimination/Harassment/Intimidation/Bullying</b> - The complaint shall be initiated no later than six months from the date when the alleged discrimination, harassment, intimidation or bullying occurred, or six months from the date when the complainant first obtained knowledge of the facts of the alleged incident.</p> <p><input type="checkbox"/> Age    <input type="checkbox"/> Sex/Gender    <input type="checkbox"/> Race    <input type="checkbox"/> Color    <input type="checkbox"/> Ancestry    <input type="checkbox"/> Religion    <input type="checkbox"/> Sexual Orientation    <input type="checkbox"/> National Origin    <input type="checkbox"/> Citizenship  <input type="checkbox"/> Ethnic Group Identification    <input type="checkbox"/> Mental or Physical Disability    <input type="checkbox"/> Genetic Information    <input type="checkbox"/> Other: _____  <input type="checkbox"/> Gender Identity/Expression    <input type="checkbox"/> Lactating Student    <input type="checkbox"/> Association with a person/group with one or more categories listed above</p>
<p><b>Student Fees</b></p> <p><input type="checkbox"/> Unlawful student fees charged for participation in an educational activity</p>
<p><b>Local Control and Accountability Plan (LCAP)</b></p> <p><input type="checkbox"/> Noncompliant with legal requirements related to the implementation of the district's LCAP</p>
<p><b>Foster Youth and Homeless Students</b></p> <p><input type="checkbox"/> Violation of educational rights of foster and homeless students</p>
<p><b>Physical Education Instructional Minutes</b></p> <p><input type="checkbox"/> Noncompliant with physical education instructional minutes required for students in an elementary school. (BP 6142.7)</p>

