

LAKESIDE UNION SCHOOL DISTRICT UNIFORM COMPLAINT PROCEDURES COMPLAINT FORM

COMPLAINANT CONTACT INFORMATION

Name*				
Student Name (if applicable)	Dat	Date of Birth		
Address				
City	Zip Co	Zip Code		
Home Phone	Cell or Work Phone	Cell or Work Phone		
I am filing this complaint on behalf of:				
□ myself □ my child or a student □ another child or student □ a group				
BASIS OF COMPLAINT				
Discrimination, harassment, intimidation, or bullying** in district programs or activities on the basis of the following actual or perceived protected class or characteristic (check all that apply):				
□ Sex	□ Sexual Orientation	□ Gender		
☐ Gender Identity	☐ Gender Expression	□ Ancestry		
☐ Ethnic Group Identification	□ Race or Ethnicity	□ Religion		
□ Nationality	□ National Origin	□ Age		
☐ Marital or Parental Status	☐ Physical or Mental Disability	□ Color		
☐ Genetic Information	□ Association with a person or group with one or more of the actual or perceived categories listed above			

*For complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities, the complaint can be filed anonymously if the complaint provides enough evidence or information leading to evidence to support an allegation of noncompliance and to allow an appropriate investigation. However, if the complainant wishes to receive a copy of the District's decision in response to the complaint, the complainant's contact information requested above must be provided.

**For complaints of bullying that are not based on the above listed protected classes or characteristics, please contact your school site principal for further investigation and response.

□ Adult Education Programs	□ Consolidated Categorical Aid Programs	
□ Migrant Education	□ Career/Technical Education Programs	
☐ Child Care and Development Programs	□ Child Nutrition Programs	
□ Special Education Programs	□ Pupil Fees, Charges, or Deposits for Educational Activities	
☐ Development and Adoption of School Safety	Plan	
DETAILS OF C	OMPLAINT	
Date of Alleged Violation Location of Alleged Violation		
Name of Person(s) Being Complained About _		
Please complete the following to the best of you if you need more space and attach any support		
 Please describe with as much detail as possible the facts underlying your complaint. Provide details such as the names of those involved, the dates an incident or incidents occurred, whether witnesses were present and the names of any witnesses, etc. Please provide any details which you feel might be helpful to the complaint investigator. 		
	,	
Please describe what steps, if any, yo filing this complaint. Have you attempted	u have taken to resolve this issue before ed to discuss this issue with the person	

	whom and what was the result?		
3.	Please describe your desired outcome or remedy so as to assist the complaint investigator in attempting to satisfactorily resolve your complaint.		
Siar	nature Date		

This complaint form must be submitted to the District Compliance Officer at the address listed below unless the complaint alleges noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities. In such cases, this complaint form may be submitted to your school site principal. Complaints alleging unlawful discrimination, harassment, intimidation, or bullying must be initiated no later than six months from the date of the alleged discrimination, harassment, intimidation, or bullying, or six months from the date the complainant first obtained knowledge of the facts of the discrimination, harassment, intimidation, or bullying. Complaints alleging noncompliance with the legal prohibition against requiring students to pay fees, deposits, or other charges for participating in educational activities must be filed not later than one year from the date the alleged violation occurred. Complaints will be investigated in a manner that protects the integrity of the process and the confidentiality of the parties to the extent that the investigation of the complaint is not obstructed. The District's governing board prohibits any form of retaliation against any person for the filing of a complaint or participation in the complaint process.

Once completed, please deliver your complaint and any attachments to:

Ty Bryson
Superintendent
Lakeside Union School District
14535 Old River Road
Bakersfield, CA 93311

The district will investigate and report its decision to the complainant within 60 calendar days of the District's receipt of the complaint per the District's Uniform Compliant Procedures found at Board Policy and Administrative Regulation 1312.3. The complainant has the right to appeal the district's final decision to the California Department of Education within 15 calendar days of receiving the decision.