

EX 1312.3 Uniform Complaint Procedures

UNIFORM COMPLAINT PROCEDURES FORM

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Message/Work Phone: (_____) _____

Email: _____

Please check the box that appropriately refers to your complaint:

- | | |
|---|--|
| <input type="checkbox"/> Accommodations for pregnant and parenting students. | <input type="checkbox"/> School plans for student achievement as required for the consolidated application for specified federal and/or state categorical funding. |
| <input type="checkbox"/> Child care and development programs. | <input type="checkbox"/> School site councils as required for the consolidated application for specified federal and/or state categorical funding. |
| <input type="checkbox"/> Compensatory education. | <input type="checkbox"/> Any 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. |
| <input type="checkbox"/> Consolidated categorical aid programs. | <input type="checkbox"/> Any other state or federal educational program the Superintendent Public Instruction (SPI) or designee deems appropriate. |
| <input type="checkbox"/> Discrimination, harassment, intimidation, or bullying in district programs and activities, including in those programs or activities funded directly by or that receive or benefit from any state financial assistance, based on a person's actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, immigration status, ethnic group identification, age, religion, physical or mental disability, medical condition, or genetic information; any other characteristic identified in Education Code 200 or 220, Government Code 11135, or Penal Code 422.55; or based on the person's association with a person or group with one or more of these actual or perceived characteristics. | |
| <input type="checkbox"/> Educational requirements for students in foster care, students experiencing homelessness, students from military families, students formerly in a juvenile court school, students who are migratory, and newcomer students. | |
| <input type="checkbox"/> Every Student Succeeds Act. | |
| <input type="checkbox"/> Local Control and Accountability Plan (LCAP). | |
| <input type="checkbox"/> Migrant education. | |
| <input type="checkbox"/> Physical Education Instructional Minutes. | |
| <input type="checkbox"/> Student fees. | |
| <input type="checkbox"/> Reasonable accommodations to a lactating student. | |

NOTE:

If none applies, your complaint may be addressed under other procedures.

Contact the Compliance Officer / Designee for more information at:

Etiwanda School District
Attn: Director of Pupil Services
6061 East Avenue
Etiwanda, CA 91739

Please attach a description of complaint on a separate sheet of paper.

I swear, under penalty of perjury, that the foregoing is true and correct.

Date: _____ Signature: _____

Board Approved:

January 30, 2025/ October 22, 2020/ December 12, 2019/ September 13, 2018/ July 27, 2017
July 22, 2015/ August 21, 2014/ September 12, 2013/ June 28, 2012/ March 25, 2004
Effective date: July 1, 2004