

LODI UNIFIED SCHOOL DISTRICT

Exhibit 1312.3

UNIFORM COMPLAINT PROCEDURES

Please complete all information. If you need help filing out this form, please call 209-331-2245.

Date _____ **School** _____

Name of Complainant _____

Address _____

Phone (day) _____ **Phone (evening)** _____

Name of Parent If Not Complainant _____

Please check and complete "A" or "B."

_____ A. I am filing a complaint alleging unlawful discrimination based on ethnic group identification, religion, age, gender, color, or physical and/or mental disability, sex, sexual orientation, race, ancestry, national origin in any program or activity that receives or benefits from state financial assistance.

_____ B. I am filing a complaint alleging failure to comply with federal and/or state laws in any of the following: adult education; consolidated categorical aid programs; migrant education; vocational education; child care and development programs; child nutrition programs or special education programs and federal school safety planning requirements.

Please specify the program(s):

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | |

Note: For each item that you checked, please use the following continuation page to specifically describe the nature of your complaint. Please be as factual and specific as possible. Discrimination complaints must be initiated no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts supporting the alleged discrimination. 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.

File this form with: Enrique Avalos, Coordinator, Positive School Climate

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

Signature of Complainant: _____
(For Office Use Only)

Date Received _____ **Date Complainant Was Contacted** _____

UNIFORM COMPLAINT FORM (continuation page)

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

REMEDY REQUESTED: What do you want as a result of filing this complaint?

FILE THIS FORM WITH:

Enrique Avalos, Coordinator, Positive School Climate
 James Areida Education Support Center, 1305 East Vine Street, Lodi, CA 95240
 209-331-2245 eavalos@lodiUSD.net

- originated: 06/03/03
- revised: 04/17/07
- revised: 11/05/11 (technical revisions)
- revised: 02/13/14 (technical revisions)
- revised: 09/02/14
- revised: 05/02/17 (technical revisions)