



# West Contra Costa Unified School District Uniform Complaint Form

Date: \_\_\_\_\_

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

Street Address/Apt. # \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Message/Work Phone: ( ) \_\_\_\_\_

School/Office of Alleged Violation: \_\_\_\_\_

Please check the category(ies) referred to in your complaint:

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Education                            | <input type="checkbox"/> Pre-school                     |
| <input type="checkbox"/> Child Nutrition Programs                   | <input type="checkbox"/> Special Education              |
| <input type="checkbox"/> Migrant Education                          | <input type="checkbox"/> Career and Technical Education |
| <input type="checkbox"/> Consolidated Categorical Aid Programs      | <input type="checkbox"/> Student Fees                   |
| <input type="checkbox"/> Physical Educational Instructional Minutes |   |

Unlawful Discrimination (based on actual or perceived race, ancestry, national origin, ethnic group identification, religion, age, gender, gender identity, gender expression, color, sex, sexual orientation, physical or mental disability, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics)

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## Office Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Informal Complaint | <input type="checkbox"/> Date of Informal Resolution |
| <input type="checkbox"/> Formal Complaint   | <input type="checkbox"/> Date of Formal Resolution   |
| <input type="checkbox"/> Not Resolved       |  |

**Explanation of complaint:** (please print or type. Give detailed information such as date, times, places, types of complaints, witness names. Use additional sheets of paper if necessary).