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:

_____ Adult Education  _____ Consolidated Categorical Aid Programs
_____ Pre-school
_____ Child Nutrition Programs
_____ Special Education
_____ Migrant Education
_____ Foster and Homeless Youth
_____ Career and Technical Education
_____ 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)

______Informal Complaint  _____ Date of Informal Resolution
______Formal Complaint  _____ Date of Formal Resolution
______Not Resolved

Office Use Only

Date Received: ___________________________ By: ___________________________

Rev. 9.23.13/ 10.19.15/4.13.16 (YELLOW FORM)
**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).