

# Berryessa Union School District

## Uniform Complaint Procedures Form

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

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

For allegations 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"/> Child Care & Development   |
| <input type="checkbox"/> Child Nutrition   | <input type="checkbox"/> Regional Occupational Centers and Programs |   |
| <input type="checkbox"/> Special Education   | <input type="checkbox"/> Pupil Fees for Educational Activities      | <input type="checkbox"/> Foster/Homeless            |
| <input type="checkbox"/> After School Education/Safety   | <input type="checkbox"/> Agricultural Vocational Education          | <input type="checkbox"/> NCLB                       |
| <input type="checkbox"/> Tobacco-Use Education   | <input type="checkbox"/> Local Control Accountability Plan          | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Bilingual Education   | <input type="checkbox"/> Every Student Succeeds Act                 | <input type="checkbox"/> Economic Impact Aid        |
| <input type="checkbox"/> Migrant Education   | <input type="checkbox"/> School Safety Plans                        | <input type="checkbox"/> State Preschool            |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers   |   |   |
| <input type="checkbox"/> Career/Technical Education, Career Technical and Technical Education, and Career Technical and Technical Training |   |   |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education                      |   |   |
| <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program Assessments                                 |   |   |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender            |
| <input type="checkbox"/> Gender Identity  | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry          |
| <input type="checkbox"/> Ethnic Group Identification  | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Nationality  | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age               |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above |  |  |

***For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your School Principal or Assistant Superintendent of Education Services at the District Office.***

If you have contacted your school and District and still require assistance, referrals or resources, please contact the Student Services and Support Division at the Santa Clara County Office of Education 408-453-6560.

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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2. Have you attempted to discuss your complaint with any Berryessa Union School District personnel? If so, with whom and what was the result?

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3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes\_\_\_ No\_\_\_

Signature\_\_\_\_\_Date \_\_\_\_\_

Mail, fax or email your complaint/documents to:

**Jill Tamashiro, Director of Student Services  
and Special Education  
Berryessa Union School District  
1376 Piedmont Rd.  
San Jose, CA 95132  
Phone: 408-923-1820  
Fax: 408-254-1802  
jtamashiro@busd.net**