



LAKE TAHOE UNIFIED SCHOOL DISTRICT
Uniform Complaint Procedures Form AR 1312.3 (rev. 2015)

Any staff member, parent, student, community member, or representative of the afore mentioned individuals or groups who has a complaint against a district policy, employee, application of Federal or State funding, unlawful discrimination/harassment/intimidation and bullying, or other violations of local state or federal laws by LTUSD or their affiliates, may submit their complaint using this form. A complaint may also be filed in writing without using this form and it will be handled in the same manner according the established Uniform Complaint Procedures. If you are unable, for whatever reason, to complete a written statement, an employee of the district will assist you. Complaints may be filed anonymously, however, if you wish to receive a response to your complaint, you must provide contact information. All complaints will be handled with strict confidentiality and be subject to laws regarding retaliation or intimidation. The UCP will be used to handle all formal complaints, even if the victim(s) are not in the listed protected classes, with one exception, if your complaint falls under the auspices of the Williams Act, we will use the appropriate form and procedure for that class of complaint.

Contact Information

Your Name _____

Student Name (if applicable) _____ School/Site _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Best time(s) to contact you _____

Please check the following boxes based on the type(s) of discrimination, harassment, intimidation or bullying you experienced and/or witnessed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Color |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Actual or Perceived Sexual Activity | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Association with any of these actual or perceived characteristics | <input type="checkbox"/> Bullying or discrimination not based on these protected classes |

All formal complaints should be forwarded, mailed or delivered to the Superintendent/Compliance Officer at the ED Center, 1021 Al Tahoe Blvd. So. Lake Tahoe, CA 96150-4502, 530-541-2850.

Please check the boxes for allegations of non-compliance with federal or state laws and regulations:
(For Williams Act Complaints please use the separate Williams Act Complaint form.)

- Adult Education
- Career Technical Education
- Special Education
- LCFF
- Consolidated Categorical Aid
- Child Care & Development
- Pupil Fees
- Migrant Education
- Child Nutrition
- LCAP

(Add extra sheets or documents if needed)

Please describe the type of incident you experienced that led to this complaint, including dates, times and locations when the incident(s) occurred and/or when they first came to your attention.

List the individuals involved in the incident(s)/complaint:

List witnesses to the incident(s)

What steps (if any) have you taken to resolve this issue before filing a complaint?

Please provide copies of any documentation that may be relative to your complaint. Let us know if further evidence will/might be produced. Unless this is of an immediate nature, you will receive a response within 10 days and a disposition within 60 days. You will be informed at that time about procedures for filing an appeal to the District’s decision. Please file this form at the site (where it will be forwarded), or by mail, or in person to the Lake Tahoe Unified School District Education Center, Attn: Superintendent/Compliance Officer, 1021 Al Tahoe Blvd. South Lake Tahoe, CA 96150-4502

Signature _____ Date _____

For Office Use Only:

Date Received _____ Name and Title _____