

**VACAVILLE UNIFIED SCHOOL DISTRICT**

401 Nut Tree Road  
Vacaville, CA 95687

**UNIFORM COMPLAINT PROCEDURE FORM**

In accordance with the District’s Uniform complaint procedures (board Policy 1312.3 and 5 CCR 4620), VUSD shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination against any protected group as identified under Education code 200 and 220 and Government code 11134, including actual or perceived sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, or age, or on the basis or a person’s association with a person or group with one or more of these actual or perceived characteristics in any district program or activity that receives or benefits from state financial assistance. (5CCR 4610) Uniform complaint procedure shall also be used when addressing complaints alleging failure to comply with state and/or federal laws in adult education programs, consolidated categorical aid programs, migrant education, career technical and technical education and career technical and technical training programs, child care and development programs, child nutrition programs, and special education programs. (5 CCR 4610)

**PLEASE FILE THIS FORM WITH**

Human Resources  
401 Nut Tree Road  
Vacaville, CA 95688

**Note: Complaints may be filed anonymously.** However, if you wish to receive a response to your complaint, you must indicate that a response is requested and provide contact information.

- 1. Contact Information:  I do request a response. Please send response to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Have your discussed the complaint with the school or other site manager? \_\_\_\_\_ Yes \_\_\_\_\_ No

- 2. Description of Complaint:  
 School Name: \_\_\_\_\_ Principal’s Name: \_\_\_\_\_

Please state the nature of the problem in as much detail as possible. Use additional paper, as necessary.

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

For Office Use:  Case Number: _____
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