



**Ripon Unified School District
UNIFORM COMPLAINT PROCEDURES**

Please complete all information. If you need help filling out the form, please call 599-2131

Date	Name of Complainant	School	
Address	City	State	Zip
Phone (Day)	Phone (Evening)	Phone (Cell)	

Name of Parent if Not Complainant _____

Please check and complete "A" or "B."

- A. I am filing a complaint alleging unlawful discrimination based on ethnic group identification, religion, age, gender, color, or physical and/or mental disability, sex, sexual orientation, race, ancestry, national origin in any program or activity that receives or benefits from state financial assistance.
- B. I am filing a complaint alleging failure to comply with a violation of federal and/or state laws in any of the following: adult education, consolidated categorical aid programs, migrant education, vocational education, child care and development programs, child nutrition programs or special education programs and federal school safety planning requirements. Please specify the program(s).

Name of Program: _____

Alleged Law/Regulation Violated: _____

***Note: For each box that you checked, please use the following continuation page to specifically describe the nature of your complaint. Be as factual and specific as possible. Discrimination complaints must be initiated no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts supporting the alleged discrimination. Therefore, you must as least indicate the approximate date of the alleged violation. If the violation has occurred over a period of time or is continuing, please indicate the time period in question. ***

File this form with, the Superintendent's Office, 304 N. Acacia Street, Ripon, CA 95366 or fax to (209) 599-2131.

Within 60 calendar days following the receipt of the complaint a written report of the district's investigation shall be completed.

Signature of Complainant: _____

(For Office Use Only)

Date Received: _____ Date Complainant Was Contacted: _____

Expected Response Date: _____

