Please complete all information. If you need help filling out the form, please call 457-3736.

Date       Name of Complainant       School

Address       City       State       Zip

Phone (Day)       Phone (Evening)       Phone (Cell)

Name of Parent if Not Complainant

Please check appropriate box and circle specific descriptor in the complaint description of the box you checked:

A. ☐ I am filing a complaint alleging unlawful discrimination, discriminatory harassment, intimidation, bullying based on race, ethnicity, color, ancestry, nationality, national origin, immigration status, ethnic group identification, age, religion, marital or parental status, physical and/or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information; or any other characteristic identified in Education Code 200 or 220, Penal Code 422.55, or Government Code 11135 or based on association with a person or group with one or more of these actual or perceived characteristics in educational programs, including all academic, extra-curricular and school-sponsored activities.

B. ☐ I am filing a complaint alleging any type of bullying in district programs and activities which is not otherwise covered by (A) above

C. ☐ Any complaint alleging the district’s noncompliance with the requirement to provide reasonable accommodation to a lactating student on school campus to express breast milk, breastfeed an infant child, or address other breastfeeding-related needs of the student (Education Code 222)

D. ☐ I am filing a complaint alleging the district’s noncompliance with Foster youth, Homeless students, and former juvenile court school students, or a student of a military family as defined in Education Code 49701 who transfers into the district after their second year of high school, federal and/or state laws

E. ☐ I am filing a complaint alleging the district has not complied with legal requirements related to Local Control Funding Formula (LCFF) or the implementation of the Local Control and Accountability Plan (LCAP) (Education Code 52075)

F. ☐ I am filing a complaint alleging the district’s noncompliance with the Physical Education instructional minutes requirement for students in elementary school

G. ☐ I am filing a complaint alleging the district’s noncompliance with Pupil Instruction: course periods without educational content or previously completed courses

H. ☐ I am filing a complaint alleging the district’s noncompliance with the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational program, including curricular and extracurricular activities

Name of activity: ___________________________ Amount of fee, deposit, or charge $: __________

School: ___________________________ Name of person receiving fee: ___________________________

I. ☐ I am filing a complaint alleging the district’s noncompliance with a violation of federal and/or state laws in any of the following: adult education, agricultural vocational education, American Indian education centers and early childhood education program assessments, bilingual education, peer assistance and review programs for teachers, consolidated categorical aid programs, migrant education, career technical and technical education, career technical and technical training programs, compensatory education, Economic Impact Aid, English learner programs, federal education programs in Title I-VII, Regional Occupation Centers and programs, child care and development programs, after school programs, child nutrition programs or special education programs. The development and adoption of the school safety plan. Please specify the program(s).

Name of Program: ___________________________ Alleged violation: ___________________________

J. ☐ I am filing a complaint alleging retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to this policy
***Note: For each box that you checked, please use this page to specifically describe the nature of your complaint. Be as factual and specific as possible. Complaints alleging unlawful discrimination, discriminatory harassment, intimidation, or bullying must be initiated no later than six months from the date when the alleged incident occurred or when the complainant first obtained knowledge of the facts supporting the alleged discrimination. A pupil fee complaint shall not be filed later than one year from the date the alleged violation occurred. 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.***

Please describe your complaint providing specific examples. Be as specific as possible, giving date of incident, names and time.

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(If you need additional space, you may attach a separate sheet of paper to this complaint form.)

REMEDY REQUESTED: What is the outcome you are seeking as the result of this complaint?

____________________________________________________________________________________
____________________________________________________________________________________
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(If you need additional space, you may attach a separate sheet of paper to this complaint form.)

File this form with, Constituent Services Office, 2309 Tulare Street, Fresno, CA 93721 or fax to (559) 457-3933. Within 60 calendar days following the receipt of the complaint a written report of the district's investigation shall be completed.

Signature of Complainant: ___________________________ Date: _________________________

(For Office Use Only)

Date Received: __________________

Date Complainant Was Contacted: _____________

Expected Response Date: _________________

____ The complainant is open to an informal resolution of this complaint.

____ The complainant is not open to an informal resolution of this complaint.