

PALO ALTO UNIFIED SCHOOL DISTRICT

UNIFORM COMPLAINT FORM
Compliance with State and Federal Programs

Name: _____ Date: _____

Address: _____

Phone Number: (Day) _____ (Evening) _____

To be checked by Complainant:

- Parent/Guardian
- Student
- District Employee
- Other _____

A. SCHOOL SITE OF ALLEGED VIOLATION: _____

B. SUBJECT OF COMPLAINT

_____ Discrimination on basis of (*circle all that apply*): age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability.

_____ A violation of law or regulation governing the following programs:

- Adult Education
- Career/Technical Education
- Child Development
- Special Education
- Nutrition Services
- Consolidated Categorical Aid such as:
 - No Child Left Behind
 - Economic Impact Aid
 - Peer Assistance and Review
 - School Improvement Program
 - Tenth Grade Counseling
 - Tobacco Use Prevention Education
 - Other _____

