



# NEVADA JOINT UNION HIGH SCHOOL DISTRICT

## Uniform Complaint Procedures COMPLAINT FORM

### I. Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### II. Complainant

You are filing this complaint on behalf of: \_\_\_\_\_

☐ Parent/Guardian ☐ Pupil ☐ Witness to the Incident ☐ Other

### III. School Information

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

### IV. Basis of Complaint

District violation of state or federal law or regulations governing:

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Education  | <input type="checkbox"/> Education Opportunities to Foster     |
| <input type="checkbox"/> Career/Technical Education                                     | Students and Homeless Students                                 |
| <input type="checkbox"/> Child Care & Development                                       | <input type="checkbox"/> Local Control Accountability Plan     |
| <input type="checkbox"/> Child Nutrition  | <input type="checkbox"/> Migrant Education                     |
| <input type="checkbox"/> Consolidated Categorical Aid                                   | <input type="checkbox"/> Physical Education Minutes            |
| <input type="checkbox"/> Education Content Complaint (9 <sup>th</sup> -12 <sup>th</sup> | <input type="checkbox"/> Pupil Fees for Educational Activities |
| graders)  | <input type="checkbox"/> Special Education                     |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

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|--|--|
| <input type="checkbox"/> Age                           | <input type="checkbox"/> Marital or Parental Status              |
| <input type="checkbox"/> Ancestry                      | <input type="checkbox"/> Nationality                             |
| <input type="checkbox"/> Breastfeeding Students        | <input type="checkbox"/> National Origin                         |
| <input type="checkbox"/> Color                         | <input type="checkbox"/> Race or Ethnicity                       |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Religion                                |
| <input type="checkbox"/> Ethnic Group Identification   | <input type="checkbox"/> Sex                                     |
| <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Sexual Harassment (Title IX)            |
| <input type="checkbox"/> Gender Identity               | <input type="checkbox"/> Sexual Orientation                      |
| <input type="checkbox"/> Gender                        | <input type="checkbox"/> Association with any of these actual or |
| <input type="checkbox"/> Genetic Information           | perceived characteristics  |

Allegations of noncompliance of the following:

- ☐ Bullying that is not based on the above listed protected classes
- ☐ Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

**V. Details of Complaint**

Please **describe** the type of incident(s) you experienced that led to this complaint. Attach additional information or documentation if available:

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List **location(s)** where the alleged violation(s) occurred:

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List the **date(s)** and **time(s)** when alleged violation(s) occurred or first came to your attention:

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List the **individual(s)** involved in the incident(s) complaint of:

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List any **witnesses** to the incident(s):

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

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\_\_\_\_\_  
**Signature of Person Filing Complaint**

\_\_\_\_\_  
**Date**

Please submit this complaint to:

**Nevada Joint Union High School District  
Assistant Superintendent  
11645 Ridge Road  
Grass Valley, CA 95945  
O: 530-273-3351 F: 530-273-3372  
E: dfrisella@njuhsd.com**