



**FAIRFIELD-SUISUN UNIFIED SCHOOL DISTRICT**

2490 Hilborn Road  
Fairfield, CA 94534  
(707) 399-5000

**UNIFORM COMPLAINT PROCEDURE FORM**

In accordance with the District’s Uniform Complaint Procedures (Board Policy 1312.3 and 5 CCR 4620), FSUSD 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 11135, 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 of 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. (5 CCR 4610) Uniform Complaint procedures 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**  
Administrative Services and Community Engagement  
2490 Hilborn Road  
Fairfield, CA 94534

*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.*

**I. Contact Information:**  I do request a response. Please send a response to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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

**II. Description of Complaint:**  
School Name: \_\_\_\_\_ Principal’s Name: \_\_\_\_\_

*Please state the nature of the problem in as much detail as possible (give any specific dates, times, etc.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(attach additional sheets as necessary)*

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