



MORGAN HILL UNIFIED SCHOOL DISTRICT
15600 Concord Circle
Morgan Hill, CA 95037
(408) 201-6023

UNIFORM COMPLAINT FORM

Form to be used regarding complaints of discrimination and/or failure to comply with state or federal law regarding adult education, consolidated categorical programs, migrant education, vocational education, child care and development programs, child nutrition programs and special education programs.

Today's Date: _____

Check Type(s) of Discrimination Alleged: Age ____, Physical or mental Disability ____,
National Origin ____, Race/Ethnicity ____, Religion ____, Gender Identity ____,
Sexual (actual or perceived) ____, Sexual Orientation (actual or perceived) ____.

Name of person filing complaint: _____

Address: _____

Phone Number/Cell Number: _____

Email Address: _____

Person(s) Against Whom Complaint is filed: _____

Date and Time of Incident (if applicable): _____

Description of Complaint: (Please use back side of form if necessary.)

Proposed Resolution(s): _____

For Office Use Only

Date Received: _____ Date of Employee Conference: _____

Date of Response to Complainant: _____