Uniform Complaint Procedure
Discrimination/Harassment Complaint Reporting Form

In accordance with the District’s Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination against any protected group. Protected groups put forth under Title IX and in California are enumerated by Education Code §§ 200 and 220, Government Code §11135, and include actual or perceived sex, sexual orientation, gender, ethnicity, race, ancestry, national origin, religion, color, mental or physical disability, and age, as well as association with member of a protected class. Additionally, it is the policy of the State of California, pursuant to Section 200, that all persons, regardless of their sex, should enjoy freedom from discrimination of any kind in the educational institutions of the state. The purpose of this section is to provide notification of the prohibition against sexual harassment as a form of sexual discrimination (EC § 231.5).

I. Contact Information:
Name: ____________________________________________________________
Address: ____________________________________________________________________
City: ____________________________ Zip: ____________________________
Home Phone: ____________________________ Work or Cell Phone: ____________________________

II. Complainant
You are filing this complaint on behalf of: ____________________________________________________________
□ yourself □ your child or a (student) □ another student □ a group

III. School Information
School Name: _____________________________
Principal’s Name: _____________________________
Address: _______________________________________ City: _______________________

IV. Nature of Discrimination or Harassment:
Please check the following box(s), based on the type(s) of harassment you experienced, (Education Code §§ 200 and 220, Government Code §11135) including actual or perceived:
Complaints related to: Complaints related to:
□ Sexual orientation □ Ancestry □ Title IX
□ Gender * □ Mental or physical □ American with
□ Ethnicity disability Disability Act
□ Race □ Association with □ Sexual Harassment
 □ National origin any of these □ Age
□ Religion □ Association with □ Ancestry
□ Color categories □ Race

*According to state law, “‘Gender’ means sex, and includes a person’s gender identity and gender related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth.” CA Education Code § 210.7 & CA Penal Code § 422.56(c).
V. Details of Complaint
Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please describe the type of harassment or discrimination that you experienced, including the events or actions, in as much detail as possible:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List the people involved in harassing or discriminating against you:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List any witnesses of the incident:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe the location where the harassment/discrimination occurred:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list all the dates and times when the harassment/discrimination occurred or when the alleged harassment/discrimination first came to your attention:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of person filing complaint                                      Date

Received by:  
Title:

Please provide a duplicate copy to the complainant.