

# 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 are enumerated by Education Code §§ 200 and 220 and 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.

## 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, including your *actual or perceived*:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> National origin               | <input type="checkbox"/> Age                                      |
| <input type="checkbox"/> Gender *           | <input type="checkbox"/> Religion                      | <input type="checkbox"/> Association with any of these categories |
| <input type="checkbox"/> Ethnicity          | <input type="checkbox"/> Color                         |   |
| <input type="checkbox"/> Race               | <input type="checkbox"/> Ancestry                      |   |
|   | <input type="checkbox"/> Mental or physical disability |   |

\*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." Cal Penal Code Sec. 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:

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List the **people** involved in harassing or discriminating against you:

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List any **witnesses** of the incident:

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Describe the **location where** the harassment/discrimination occurred:

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Please list **all the date(s) and times** when the harassment/discrimination occurred or when the alleged harassment/discrimination first came to your attention:

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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

Received by:

Date Filed:

Title:

**Please provide a duplicate copy to the complainant.**