



Office of the Superintendent
1000 S. Main Street
Orcutt, CA 95541
Phone: (707) 431-2000
Fax: (707) 431-2001

Uniform Complaint Procedure Discrimination/Harassment Complaint Reporting Form for Students

In accordance with the state's Uniform Complaint Procedures (5 CCR 4620) each school shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination, harassment, intimidation and bullying against any protected group. Protected groups are enumerated by Education Code §200 and §220. Additionally, it is the policy of the State of California, pursuant to Section 200, that all individuals shall enjoy freedom from discrimination and/or harassment of any kind in the educational institutions of the state. This also includes sexual harassment, which is a form of sexual discrimination (Education Code § 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. Basis of Complaint

Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced, (Education Code §§ 200 and 220)

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



Faint text in the top right corner, possibly a header or contact information.

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 incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:

Four horizontal lines for describing the incident(s).

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

Three horizontal lines for listing individuals involved.

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

Two horizontal lines for listing witnesses.

Describe the **location where** the incident(s) occurred:

Three horizontal lines for describing the location.

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

Three horizontal lines for listing dates and times.

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

Four horizontal lines for describing steps taken.

Signature of person filing complaint

Date

Received by:	Date Filed:
Title:	