

BIG OAK FLAT GROVELAND UNIFIED SCHOOL DISTRICT  
UNIFORM COMPLAIN PROCEDURE  
DISCRIMINATION/HARRASSMENT COMPLAINT REPORTING FORM

In accordance with the District's Uniform Complaint Procedures (5CCR 4620) each school district shall follow uniform complaint procedures when address 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 institution of the state. This also includes sexual harassment, which is 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. 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/Physical Disability                  | <input type="checkbox"/> Ethnicity         | <input type="checkbox"/> Age            |
| <input type="checkbox"/> Religion                                    | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sex (Title IX) |
| <input type="checkbox"/> Color                                       | <input type="checkbox"/> National Origin   | <input type="checkbox"/> Race           |
| <input type="checkbox"/> Association with any<br>of these categories | <input type="checkbox"/> Other             |   |

**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.

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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:

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

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Describe the locations where the incident(s) occurred:

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

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Were there any witnesses to the incident?

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

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Signature

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Date

Received by:  
Title:

Dated Filed: