

# San Luis Obispo County Office of Education Uniform Complaint Procedures Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address/ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**The school or educational institution your complaint is against:**

School/ Office of Alleged Violation \_\_\_\_\_ City \_\_\_\_\_

**Information of a person who will know how to contact you and whom does not reside in your home.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address/ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Harassment in an education setting is oral, written, graphic or physical conduct related to the above topic(s) that is sufficiently severe, persistent or pervasive so as to interfere with or limit the ability of the student to participate in or benefit from the school's programs or activities. **For allegation(s) of unlawful adult-to-student, student-to-student, or non-employee discrimination or harassment, please check the basis of the unlawful discrimination/ harassment described in your complaint, if applicable:**

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|--|--|
| <input type="checkbox"/> A person's association with a person or group | <input type="checkbox"/> Age                           |
| <input type="checkbox"/> Ancestry                                      | <input type="checkbox"/> Color                         |
| <input type="checkbox"/> Gender Identity                               | <input type="checkbox"/> Ethnic Group Identification   |
| <input type="checkbox"/> Nationality                                   | <input type="checkbox"/> Gender                        |
| <input type="checkbox"/> Religion                                      | <input type="checkbox"/> Physical or mental disability |
|  | <input type="checkbox"/> Race or ethnicity             |
|  | <input type="checkbox"/> Sexual Orientation            |
|  | <input type="checkbox"/> Sex                           |

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Is the person who harassed you another student or a school employee? (Circle one.)

**Student**

**Employee**

How is this person harassing you? Please explain. Provide dates.

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How do the actions taken by the harasser against you differ from the treatment of students who are not being harassed?

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Did you complain to school employees about the harassment?

**YES**

**NO**

If yes, whom did you complain to? \_\_\_\_\_ Job Title \_\_\_\_\_

What action was taken by the school?

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As a result of going to school employees with your complaint, did your situation improve or get worse?

**Improved**

**Worsened**

Please explain.

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Have you filed a complaint about this matter with the school's chief administrator or with the school board or with any other commission or agency? If so please specify the person commission or agency and the date you filed, to the best of your recollection.

**Yes**

**No**

Name of Person, Agency or Commission \_\_\_\_\_  
 Date Filed \_\_\_\_\_ Case No. \_\_\_\_\_

Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court \_\_\_\_\_  
 Date Filed \_\_\_\_\_ City \_\_\_\_\_

If there are other facts you feel should be considered please write them down below or give with items with form.

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I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to California Law, relating to unsworn falsification to authorities.

Signature \_\_\_\_\_

Date \_\_\_\_\_