



Uniform Complaint Form

Administrative Regulation 1312.3

Check the appropriate box(es):

Discrimination Complaint

Harassment Complaint

Bullying/Intimidation Complaint

Charging Pupil Fees (for participating in an educational activity)

PLEASE PRINT

Complainant Name: _____

Mailing Address: _____

Phone: _____

Alternate Phone: _____

Date of Alleged Incident: _____

Location of Alleged Incident: _____

Narrative Summary of Alleges Incident – include time, place, participants and witnesses to the alleged violation. (If more space is needed, please attach additional sheets):

Desired Outcome of Investigation:

Complainant's Signature

Date

Complainants may, in some circumstances, have the right to appeal decisions to the California Department of Education, or to seek review by the U.S. Department of Education, Office of Civil Rights, or may seek civil remedies for allegations of employment discrimination through the U.S. Equal Employment Opportunity Commission and California Department of Fair Employment and Housing. For questions or clarification, please visit the Uniform Complaint Procedures webpage at: https://www.sdcoe.net/human-resources/Pages/uniform-complaint-procedures.

For Human Resources Only:
Date Received: _____
Received By: _____