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)

☐ Sexual orientation ☐ Ancestry
☐ Gender ☐ Mental or physical disability
☐ Ethnicity ☐ Age
☐ Race ☐ Association with any of these categories
☐ National origin ☐ Sexual Harassment
☐ Religion ☐ Sex (Title IX)
☐ Color

The Santa Barbara Unified School District (SBUnified) prohibits discrimination, harassment, intimidation and bullying in educational programs, activities, or employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, immigration status, religious beliefs or customs, sexual orientation, parental, pregnancy, family or marital status, military status or association with a person or a group with one or more of these actual or perceived characteristics. SBUnified requires that school personnel take immediate steps to intervene when safe to do so when he or she witnesses an act of discrimination, harassment, intimidation, or bullying.
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:

________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________

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

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

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

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

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

_________________________________________  _____________________________
Signature of person filing complaint                  Date

Received by:  _____________________________  Date Filed:

Title:

California Department of Education
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