



UNIFORM COMPLAINT PROCEDURES FORM (NON-WILLIAMS)*

Last Name _____ First Name/MI _____

Pupil Name (if applicable) _____

Street Address/Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Message/Work Phone _____

School/Office of Alleged Violation _____

You are filing this complaint on behalf of:

- ☐ yourself
- ☐ your child
- ☐ another student
- ☐ a group
- ☐ other _____ (Specify)

*There is a separate form available for complaints regarding instructional materials, facility conditions, and teacher assignments. A written complaint will not be rejected because the form is not used.

Section 1

Please check the box that appropriately refers to your complaint. For complaints regarding discrimination, harassment, intimidation, and bullying, complete Section 2.

- ☐ Accommodations for Pregnant and Parenting Pupils
- ☐ Adult Education
- ☐ After School Education and Safety
- ☐ Agricultural Career Technical Education
- ☐ Consolidated Categorical Aid Program
- ☐ Career Technical Education and Training Programs (State/Federal)
- ☐ Child Care and Development
- ☐ Civil Rights Guarantees
- ☐ Compensatory Education

- ☐ Course Periods Without Educational Content
- ☐ Every Student Succeeds Act
- ☐ Former/Current Juvenile Court School Education
- ☐ Foster Youth Education
- ☐ Homeless Pupil Education
- ☐ Local Control and Accountability Plans
- ☐ Military Family Pupil Education
- ☐ Migrant Pupil Education
- ☐ Newcomer Program
- ☐ Physical Education Instructional Minutes
- ☐ Pupil Fees
- ☐ Reasonable Accommodation to Lactating Pupil
- ☐ Regional Occupational Centers and Programs
- ☐ School Plans for Pupil Achievement
- ☐ School Safety Plans
- ☐ School Site Councils
- ☐ Section 504 of the Rehabilitation Act of 1973
- ☐ State Preschool (file with program administrator)
- ☐ Other _____

Section 2

Check if your complaint is regarding:

- ☐ Discrimination
- ☐ Harassment
- ☐ Intimidation
- ☐ Bullying

Check below the boxes that reflect the basis of your complaint.

- ☐ Age
- ☐ Sex
- ☐ Sexual Harassment
- ☐ Sexual Orientation

- ☐ Gender
- ☐ Gender Identity
- ☐ Gender Expression
- ☐ Genetic Information
- ☐ Ethnicity
- ☐ Race
- ☐ Ancestry
- ☐ National Origin
- ☐ Immigration Status
- ☐ Ethnic Group Identification
- ☐ Nationality
- ☐ Religion
- ☐ Color
- ☐ Mental or Physical Disability
- ☐ Association with Person/Group with protected characteristics
- ☐ Other _____

Please explain the nature of your complaint. Please print or type. Give detailed information such as date, times, places, types of complaints, people involved, and if there were any witnesses. Use the reverse of this form or additional sheets, if necessary.



Submit or mail the completed form to:

Title IX Coordinator/Compliance Officer

Sacramento County Office of Education

complianceofficer@scoe.net

Mailing Address: P.O. Box 269003, Sacramento, CA 95826-9003

Physical Address: 10474 Mather Boulevard, Mather, CA 95655