



RIALTO UNIFIED SCHOOL DISTRICT

UNIFORM COMPLAINT FORM

DATE: _____

NAME OF PERSON FILING THIS COMPLAINT:

1. NAME: MR. MRS. MS. _____
(LAST) (FIRST) (MI)

PUPIL'S NAME _____

ADDRESS _____

CITY & STATE _____

PHONE: HOME _____ CELL _____
(AREA CODE) (AREA CODE)

2. NAME OF PERSON YOU ARE COMPLAINING AGAINST:

NAME: MR. MRS. MS. _____
(LAST) (FIRST) (MI)

JOB TITLE _____

LOCATION _____

PHONE: WORK _____
(AREA CODE)

3. NATURE OF COMPLAINT:

CHECK ONE OR MORE AND SPECIFY EACH ITEM CHECKED

- | | |
|---|---|
| <input type="checkbox"/> ACTUAL OR PERCEIVED SEX | <input type="checkbox"/> AGE |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> RACE |
| <input type="checkbox"/> ANCESTRY | <input type="checkbox"/> COLOR |
| <input type="checkbox"/> ETHNICITY | <input type="checkbox"/> NATIONAL ORIGIN |
| <input type="checkbox"/> RELIGION | <input type="checkbox"/> SEX (TITLE IX) |
| <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> PREGNANCY |
| <input type="checkbox"/> DISABILITY (MENTAL OR PHYSICAL) | <input type="checkbox"/> RETALIATION |
| <input type="checkbox"/> ETHNIC GROUP IDENTIFICATION | <input type="checkbox"/> MARITAL STATUS |
| <input type="checkbox"/> GENDER (IDENTITY OR EXPRESSION) | <input type="checkbox"/> HARASSMENT |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> INTIMIDATION |
| <input type="checkbox"/> MEDICAL CONDITION
(CANCER OR GENETIC CHARACTERISTICS) | <input type="checkbox"/> BULLYING |
| | <input type="checkbox"/> UNLAWFUL REQUIREMENT OF FEES |

- PERSON'S ASSOCIATION WITH A PERSON OR GROUP WITH ONE OR MORE OF THE ABOVE-NOTED REQUIREMENTS ACTUAL OR PERCEIVED CHARACTERISTICS
- VIOLATION OF SCHOOL SAFETY PLAN

4. WHAT IS THE MOST RECENT DATE YOU WERE DISCRIMINATED AGAINST OR YOU WERE ADVERSELY AFFECTED BY THE PERSON(S) IDENTIFIED IN #2 ABOVE?

5. IF THE ABOVE DATE IS MORE THAN 180 DAYS AGO, PLEASE EXPLAIN WHY YOU WAITED UNTIL NOW TO FILE YOUR COMPLAINT.

6. WHEN DID THE ALLEGED DISCRIMINATION OR ADVERSE ACTION BEGIN?

7. WHEN DID YOU FIRST BECOME AWARE THAT THE TREATMENT, ACT, OR DECISION WAS DISCRIMINATORY, ILLEGAL OR AGAINST BOARD POLICY, RULE OR REGULATION?

8. HAVE YOU TRIED TO RESOLVE YOUR COMPLAINT WITH THE PERSON IDENTIFIED IN #2, HIS/HER IMMEDIATE SUPERVISOR, THE SCHOOL PRINCIPAL, OR PROGRAM ADMINISTRATOR?

- YES NO

IF YES, WHO DID YOU SPEAK TO?

NAME: _____

JOB TITLE: _____

LOCATION: _____

DATE OF DISCUSSION: _____

WHAT WAS THE RESULT OF THE DISCUSSION?

9. PLEASE DESCRIBE THE INCIDENT(S) OF HARASSMENT OR DISCRIMINATION THAT YOU EXPERIENCED, INCLUDING PLACE WHERE INCIDENT(S) OCCURRED, AND PERSONS WHO WERE PRESENT WHEN EACH INCIDENT OCCURRED. (Attach additional pages if necessary)

10. WHAT DO YOU EXPECT TO HAPPEN AS A RESULT OF THIS COMPLAINT?

11. LIST THE NAME, ADDRESS AND PHONE NUMBER OF YOUR WITNESSES, AND STATE WHAT RELEVANT INFORMATION EACH OF YOUR WITNESSES WILL BE ABLE TO PROVIDE. (Attach additional pages if necessary)

WITNESS #1

NAME: _____

ADDRESS: _____

PHONE: _____

STATE WHAT INFORMATION THIS WITNESS WILL BE ABLE TO PROVIDE.

WITNESS #2

NAME: _____

ADDRESS: _____

PHONE: _____

STATE WHAT INFORMATION THIS WITNESS WILL BE ABLE TO PROVIDE.

WITNESS #3

NAME: _____

ADDRESS: _____

PHONE: _____

STATE WHAT INFORMATION THIS WITNESS WILL BE ABLE TO PROVIDE.

I understand that the Board of Education, Personnel Office, and/or designee(s) assigned to investigate the complaint may request from me further information about this complaint and, if such information about this complaint and, if such information is available, I shall present it upon request.

I also understand that a copy of this complaint will be given by the Personnel Office and/or designee(s) against whom this complaint is being made who will be given the opportunity to respond in writing to this complaint.

I also understand that if a hearing is held on this complaint by the Board Of Education, such hearing will be held in Closed Session with the press and public excluded and that I will be informed of the time, date and place such hearing will be held.

I certify under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____

20_____, at _____, California

Signature

Date

PLEASE SUBMIT COMPLETED FORM TO:

Rialto Unified School District
Personnel Services
182 E. Walnut Avenue
Rialto, CA 92376

Revised 9/25/13