

Silver Valley Unified School District

P.O. Box 847, Yermo, CA 92398
760-254-2916
www.svusdk12.net

UNIFORM COMPLAINT FORM

(Reference Board Policy/Administrative Regulation 1312.3)

Submit Completed Form To:

Assistant Superintendent, Educational Services
35320 Daggett-Yermo Rd. Yermo, CA 92398
760-254-2916

COMPLAINANT’S CONTACT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

You are filing this complaint on behalf of: _____

- Yourself Your child (a student) Another student Group

BASIS OF COMPLAINT (please check the applicable category/categories:

- DISCRIMINATION HARASSMENT INTIMIDATION BULLYING

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Programs | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Migrant and Indian Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Child Development Program | <input type="checkbox"/> Adoption of School Safety Plan | <input type="checkbox"/> Fees and Charges |

For allegation(s) of unlawful discrimination/harassment, please check the basis of the unlawful discrimination/harassment described in your complaint, if applicable:

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender* | <input type="checkbox"/> Sex (Title IX) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
- Based on a person’s association with a person or group with one or more of these actual or perceived characteristics.

* According to State law, “Gender” includes a person’s gender identity and gender related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth. (Education code section 210.7)

DETAILS OF COMPLAINT:

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

- 1. Please describe, in as much detail as possible, the type of incident(s) you experienced that led to this complaint, including: the events or actions; the individuals involved; date(s) and time; location; and witnesses, if any:

- 2. What steps, if any, have you taken to resolve this issue before filing this complaint?

- 3. Describe any harm suffered as a result of the incident(s) described above.

- 4. Describe the proposed remedy that is being requested.

Signature of Person Filing Complaint

Date

Received by: _____

Title: _____

Date Received/Filed: _____

(Please provide a duplicate copy to the Complainant)