

# Uniform Complaint Procedure Discrimination/Harassment Complaint Reporting Form

## 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 of Alleged Violation

School Name: \_\_\_\_\_ Date of violation \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Consolidated Categorical Programs   | <input type="checkbox"/> Local Control Accountability Plan        |
| <input type="checkbox"/> Nutrition Services                  | <input type="checkbox"/> Pupil Fees for Educational Activities    |
| <input type="checkbox"/> Special Education Programs          | <input type="checkbox"/> Foster/Homeless                          |
| <input type="checkbox"/> After School Education              | <input type="checkbox"/> Courses without Educational Content      |
| <input type="checkbox"/> Career Technical Education          | <input type="checkbox"/> School Site Councils                     |
| <input type="checkbox"/> School Plan for Student Achievement | <input type="checkbox"/> Physical Education Instructional Minutes |
|  | <input type="checkbox"/> Other _____                              |

V. **For allegation(s) of discrimination, harassment, intimidation, and bullying**, please check the box that best describes your complaint.

- |   |   |
|---|---|
| <input type="checkbox"/> Sexual orientation (actual or perceived) | <input type="checkbox"/> Lactating Student/Employee               |
| <input type="checkbox"/> Gender Identity or Expression            | <input type="checkbox"/> Mental or physical disability            |
| <input type="checkbox"/> Ethnic Group Identification              | <input type="checkbox"/> Age                                      |
| <input type="checkbox"/> Race                                     | <input type="checkbox"/> Association with any of these categories |
| <input type="checkbox"/> National origin                          | <input type="checkbox"/> Sexual Harassment                        |
| <input type="checkbox"/> Religion                                 |   |

**VI. 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:

---

---

Please provide written copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents (please circle):                      Yes      No

Have you discussed your complaint or brought your complaint to any SIATech personnel? If you have, to whom did you take the complaint, and what was the result?

---

---

\_\_\_\_\_  
Signature of person filing complaint

\_\_\_\_\_  
Date

Complaints will be investigated in a manner that protects the confidentiality of the parties to the extent necessary to conduct the investigation. SIATech policy prohibits retaliation in any form for the filing of a complaint or participation in the complaint procedure.

Mail or fax complaint and any relevant documents to:

Dr. Delia Castillo, Ed.D., Assistant Superintendent  
2611 Temple Heights Ave. Ste A  
Oceanside, CA 90278