



# Uniform Complaint Form

BP/AR 1312.3

**Check the appropriate box(es)**

- Discrimination Complaint
- Harassment Complaint
- Bullying/Intimidation Complaint
- Charging Pupil Fees (for participation in an educational activity)

**PLEASE PRINT**

Complainant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_ Location of Alleged Incident: \_\_\_\_\_

Narrative Summary of Alleged Incident - include time, place, participants and witnesses to the alleged violation (If more space is needed, please attach additional sheets): \_\_\_\_\_

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Desired Outcome of Investigation: \_\_\_\_\_

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Complainant's signature \_\_\_\_\_

Date \_\_\_\_\_

**Complainants may, in some circumstances, have the right to appeal decisions to the California Department of Education, or to seek review by the U.S. Department of Education, Office of Civil Rights, or may seek civil remedies for allegations of employment discrimination through the U.S. Equal Employment Opportunity Commission and California Dept. of Fair Employment and Housing.**