

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

- | | |
|---|-------------------------|
| ACTUAL OR PERCEIVED SEX | AGE |
| MALE FEMALE | RACE |
| ANCESTRY | COLOR |
| ETHNICITY | NATIONAL ORIGIN |
| RELIGION | SEX(TITLE) X |
| SEXUAL ORIENTATION | PREGNANCY |
| DISABILITY (MENTAL OR PHYSICAL) | RETALIATION |
| ETHNIC GROUP IDENTIFICATION OR | MARITAL STATUS |
| GENDER (IDENTITY OR EXPRESSION) | |

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

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

5. IF THE ABOVE DATE IS MORE THAN 180 DAYS, 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 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. (Use 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 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 complaint may request from me further information about this complaint and, if such information about 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) to whom this complaint is being made who will be given the opportunity to respond to this complaint.

I also understand that if a hearing is held on this complaint by the Board Of Education, such hearing will be 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