



# 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<br>(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)

\_\_\_\_\_  
\_\_\_\_\_

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

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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.

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WITNESS #2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

STATE WHAT INFORMATION THIS WITNESS WILL BE ABLE TO PROVIDE.

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WITNESS #3

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

STATE WHAT INFORMATION THIS WITNESS WILL BE ABLE TO PROVIDE.

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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