

RIVERSIDE COUNTY OFFICE OF EDUCATION
3939 Thirteenth Street, P.O. Box 868
Riverside, CA 92502-0868

UNIFORM COMPLAINT FORM

I. Name: _____ Date: _____

Address: _____

Telephone: _____ Business: _____ Home: _____

I prefer to be contacted at: Work Home Days: _____ A.M. P.M.

Name of Representative (if any): _____ Phone: _____

If filing on behalf of an organization or public agency, please indicate the name, address and phone number:

II. Please identify the program administered by the County Superintendent of Schools which the allegation regards:

- | | |
|---------------------------------------|--|
| Accommodations for Lactating Students | LCFF and LCAP |
| Adult Education | Migrant Education |
| After School Education | Physical Education: Instructional Minutes |
| Career Technical Education | Pupil Instruction: Courses w/o Educational Content |
| Child Care and Development Programs | Pupil Instruction: Previously Completed Courses |
| Child Nutrition | Special Education |
| Foster and Homeless Students | Unlawful Pupil Fees |

III. If the allegation regards unlawful discrimination, please indicate the basis:

- | | |
|-----------------------------|---|
| Age | National Origin |
| Ancestry | Physical Disability |
| Color | Race |
| Ethnic Group Identification | Religion |
| Gender | Sex |
| Gender Expression | Sexual Orientation |
| Gender Identity | Or association with a person or group with one or more of the perceived characteristics |
| Mental Disability | |

Approved: 8-95
revised: 3-02
revised: 5-28-03
revised 3-25-08

revised: 11-5-12
revised: 6-10-16
revised: 6-28-17

IV. Date of alleged violation occurrence: _____

V. What information do you have to indicate the alleged violation occurred? Please be as specific as possible and include all pertinent dates, names, and incidents involved. Attach a separate sheet, if necessary.

What specific actions have been taken to resolve the complaint informally?

State names and phone numbers of witnesses you feel can provide evidence.

VI. What action do you request to be taken?

My signature hereby authorizes the Compliance Officer or his/her designee to gather all essential information in the investigation of my complaint and, if necessary, share this information with other participants involved in the resolution of this complaint.

Signature of Complainant

Date