

**Twin Rivers Unified School District**  
**UNIFORM COMPLAINT PROCEDURE**  
**Complaint Form**

In accordance with the District's Uniform Complaint Procedures (Board Policy 1312.3; Administrative Regulation 1312.3; 5 CCR 4620), uniform complaint procedures shall be applied when addressing the following complaint allegations:

- (1) Unlawful discrimination, harassment, intimidation, and bullying against any protected group. Protected groups are enumerated by Education Code §§ 200 and 220, Additionally, it is the policy of the State of California, pursuant to Section 200, that all individuals shall enjoy freedom from discrimination and/or harassment of any kind in the educational institutions of the state. This also includes sexual harassment, which is a form of sexual discrimination. (EC § 231.5.) *NOTE: Employment discrimination, harassment, or retaliation claims shall **not** be processed through the Uniform Complaint Procedure. (5 CCR 4661.) For Employment claims see Complaints of Discrimination in Employment form; Board Policy 4030; Administrative Regulation 4031.*
- (2) Any violation of state or federal law by the District.
- (3) Any violation of student fee laws.

This form shall be used only for filing complaints that fit within these three categories. **Uniform Complaints should be filed with the Director, Student Services, 5115 Dudley Blvd., Bay B, McClellan, CA, 95652, (916) 566-1620.**

**I. Contact Information:**

Name of person filing complaint: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Complainant**

You are filing this complaint on behalf of: \_\_\_\_\_

- yourself       your child or a (student)       another student       a group

**III. School Information**

School name where complaint originated: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

**IV. Basis of Complaint: Discrimination, Harassment, Intimidation, Bullying**

If your complaint is that you have been subject to discrimination, harassment, intimidation, or bullying in District programs, please check the following box(s), that identified the type(s) of discrimination, harassment, intimidation, or bullying that you experienced:

- |   |   |
|---|---|
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Ancestry                                 |
| <input type="checkbox"/> Gender *           | <input type="checkbox"/> Mental or physical disability            |
| <input type="checkbox"/> Ethnicity          | <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           | <input type="checkbox"/> Sex (Title IX)                           |
| <input type="checkbox"/> Color              |   |

\*According to state law, “Gender’ includes a person’s gender identity and gender related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth.” Education Code section 201.7.

**V. Basis of Complaint: Violation of State or Federal Law**

If your complaint is that the District has violated a state or federal law, you must identify the law that you believe has been violated. Please check the following box(s) and state the specific law that has been violated:

- State Law
- Federal Law

Identify the specific law: \_\_\_\_\_

**VI. Basis of Complaint: Student Fees**

If your complaint is that you have been unlawfully charged a student fee, please check this box:

- Student Fees

**VII. PLEASE STATE THE REASONS FOR YOUR COMPLAINT  
(use reverse or another sheet if necessary)**

Please provide the following information to the best of your ability.

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:

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List the names of the individuals involved in the incident(s) complaint of:

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List any witnesses to the incident(s):

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Describe the location where the incident(s) occurred:

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Please list all the date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

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What steps, if any, have you taken to resolve this issue before filing this complaint?

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Describe any harm suffered as a result of the incident(s) described above.

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Describe the proposed remedy that is being requested:

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**VIII. DECLARATION OF COMPLAINANT**

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Signature of Person Filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Print city and state where signed: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Request received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Title of person who received complaint: \_\_\_\_\_

**Please provide a duplicate copy to the complainant.**