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): ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Desired Outcome of Investigation: _________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

For questions or clarification, you may contact the Human Resources Department at (510) 818-4242.