Uniform Complaint Procedure
Discrimination/Harassment Complaint Reporting Form
Travis Unified School District

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures when addressing complaints alleging 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).

I. Contact Information:

Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work or Cell Phone: _____

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: _____
Principal's Name: _____
Address: _____ City: _____

IV. Basis of Complaint:

Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced (Education Code §§ 200 and 220):

☐ Sexual orientation
☐ Gender
☐ Ethnicity
☐ Race
☐ National origin
☐ Religion
☐ Color
☐ Ancestry
☐ Mental or physical disability
☐ Age
☐ Association with any of these categories
☐ Sexual Harassment
☐ Sex (Title IX)

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

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:

_____
_____
_____

List the **individuals** involved in the incident(s) complained of:

_____
_____
_____

List any **witnesses** to the incident(s):

_____
_____

Describe the **location where** the incident(s) occurred:

_____
_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____
_____

_____ _____
Signature of person filing complaint Date

Please file this form with Student Services, Travis Unified School District, 2751 De Ronde Dr, Fairfield, CA 94533.

Received by: _____ Date Filed: _____

Title: _____

Please provide a duplicate copy to the complainant.

California Department of Education
Rev. 07/03/2012