San Benito County Office of Education
Krystal Lomanto, County Superintendent of Schools

• 460 Fifth Street • Hollister, California 95023 • (831) 637-5393 • FAX (831) 637-0140

UNIFORM COMPLAINT FORM

Equal Employment Opportunity Employer

TO: Antonio Vela, Compliance Officer

FROM: _____
(Print Name)

_____
(Address) Parent/Guardian

_____
(City/Zip Code)

_____
(Area Code/Phone Number)

Date of event leading to complaint: _____

Position/Title of person filing form: _____

Name of person(s) or program against whom complaint is made:_____

School Department _____

I believe a violation of Education Code Sections 200 or 220, or Government Code Section 11135 has occurred, based on discrimination in the following area(s)[Note: Please mark those that apply.]:

- ☐ Actual or Perceived Sex
- ☐ Sexual Orientation
- ☐ Gender
- ☐ Ethnic Group Identification, Race, Skin Color, or National Origin
- ☐ Religion
- ☐ Mental or Physical Disability
- ☐ Age
- ☐ Person's Association with a Person or Group with One or More of the Actual or Perceived Characteristics Listed above

Nature of Complaint:

1. Describe in your own words the grounds for your complaint, including **all** names, dates, and places necessary for a complete understanding of your complaint.
2. Describe what steps have been taken to resolve the complaint.
3. What is your proposed resolution to the complaint?

_____

_____

_____

_____

(Please use page 2 and additional pages if necessary, to describe your complaint more fully)

COMPLAINT FORM

Nature of complaint (continued)

_____

_____

Nature of complaint (continued)

_____ _____
Signature of person filing complaint Date

_____ _____
Name of person accepting complaint Signature of person accepting complaint

Date: _____ Time: _____ Copy given to complainant: _____Yes

ALL COMPLAINTS MUST BE FORWARDED TO:
Antonio Vela, Compliance Officer
460 Fifth Street, Hollister, CA 95023
(831) 637-5393, Extension 106