OLD ADOBE
UNION SCHOOL DISTRICT

COMPLAINT FORM

Name: _____
Last *First*

Address: _____
Street or P.O. Box *City* *State* *Zip*

Phone: *Day* _____ *Evening*_____

I am a(n):

❒ Student
❒ Employee
❒ Parent/Guardian
If this complaint is on behalf of your child, please provide your:
Child's Name:_____
❒ Other (*specify*)_____

This complaint is against (name(s))_____
_____

Date of most recent incident: _____

1. **Do you believe that the conduct that you are complaining about is <u>sexual harassment and/ or sexual assault</u>?**

   Yes _____ No _____

2. **Do you believe that the conduct that you are complaining about is <u>bullying</u>?**

   Yes _____ No _____

3. **Do you believe that the conduct that you are complaining about is <u>discriminatory</u>?**
   Yes _____ No _____

If you marked "yes" above, do you believe you were targeted because of your actual or perceived identification with any of the following? (*Check all that apply*)

❒ Race or Color
❒ Ethnicity
❒ Ancestry/Nationality
❒ Ethnic Group
❒ Immigration Status
❒ Religion
❒ Actual or Perceived Sex
❒ Gender
❒ Gender Identity
❒ Gender Expression
❒ Sexual Orientation
❒ Marital/Parental Status
❒ Military/Veteran Status
❒ Physical Disability
❒ Mental Disability
❒ Genetic Information
❒ Medical Condition
❒ Age
❒ Pregnancy or Related Conditions

Do you believe that the conduct that you are complaining about is <u>retaliation</u>?

Yes _____ No _____

Clearly state your complaint. Describe each incident of alleged misconduct separately. Attach additional pages as necessary.

For each incident provide the following information:

1) Dates(s) of alleged misconduct;
2) Name(s) of individuals(s) who engaged in the misconduct;
3) A description of the misconduct;
4) Witnesses (if any);
5) If applicable, why you believe the alleged misconduct was because of the unlawful discriminatory basis or bases you identified; and
6) If applicable, why you believe you were retaliated against for filing a complaint or asserting your right to be free from unlawful discrimination on any of the bases you identified above.

_____
_____
_____
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_____
_____
_____

What would you like the District to do in response to your complaint? What remedy are you seeking?

_____
_____
_____
_____

I certify that this information is correct to the best of my knowledge.

_____ _____

Signature of Complainant *Date*