



MARIN COUNTY

OFFICE OF EDUCATION

Supporting Learning for ALL Students

UNIFORM COMPLAINT FORM

It is the intent of the Board of Education to provide a process for the community to address complaint(s) to appropriate district personnel and to receive a prompt and well-reasoned response without fear of retaliation. It is also the intent of the Board to protect personnel from unfair and unfounded accusations and to resolve any complaints swiftly.

School Board policies related to complaints about discrimination, programs, and materials all require that efforts be made to resolve complaints directly with the person involved prior to filing a formal complaint.

Complainant/Name: _____ Address: _____

Home/Cell Phone: _____ Work Phone: _____

Student Name (*if applicable*): _____ School Name: _____

Person, school, or department your complaint involves:

Type of Complaint:

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Materials | <input type="checkbox"/> Student Fees | <input type="checkbox"/> Program | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Military Families | <input type="checkbox"/> Foster/Homeless Youth | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Lactation |
| <input type="checkbox"/> Elementary Physical Education Minutes | <input type="checkbox"/> 9-12 Grade Assignment | <input type="checkbox"/> Sexual Harassment | |
| <input type="checkbox"/> Harassment / Intimidation / Bullying | <input type="checkbox"/> Local Control & Accountability Plan (LCAP) | | |
| <input type="checkbox"/> Other: _____ | | | |

Details of the complaint (provide additional pages as needed):

Individuals with information about the circumstances of the complaint:

Details of the attempt to informally resolve the complaint (additional pages as needed):

Specific remedy sought (additional pages as needed):

Please file this complaint at the Marin County Office of Education:

Or via email:

Office of the Deputy Superintendent
1111 Las Gallinas Avenue
San Rafael, CA 94903

marincoe@marinschools.org

NOTE: A copy of the complaint form will be given to the employee to allow the employee to respond to the complaint.

I declare under penalty of perjury under the laws of the State of California, that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint form.

Signature

Date

Received by

Date

Marin County Office of Education
April 2025