



Association with a person or group with one or more of these actual or perceived categories listed above

**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.**

**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.**

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*Signature of Complainant*

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*Date*

Send **Original** to appropriate person as indicated below.

Sonoma County Office of Education Title IX Coordinators  
5340 Skylane Blvd.  
Santa Rosa, CA 95403

**Personnel:**  
Greg Medici, Deputy Superintendent  
Administration  
707-524-2631 | gmedici@scoe.org

**Alternative Education Students:**  
Amanda Welter, Student Support Services & Accountability  
707-522-3069 | awelter@scoe.org

**Special Education Students:**

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