SCOE COMPLAINT FORM

(Including Unlawful Discrimination and Retaliation)

Name: _____
Last First

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

Phone: _____ **Email** _____

I am a(n):
❒ Student ❒ Employee
❒ Parent/Guardian ❒ Other (*specify*)_____
❒ Witness to the Incident_____

If this complaint is on behalf of your child, please provide your:

Child's Name and Grade:_____

Child's School: _____

This complaint is against (name(s))_____

Date(s) of most recent incident(s): _____

Do you believe that the conduct that you are complaining about is unlawful discrimination, harassment, intimidation, or bullying against any protected group? Yes ☐ No ☐
0410 Nondiscrimination In County Office Programs and Activities

If your complaint concerns unlawful discrimination, please complete the following:

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

❒ Interference, coercion, or threats related to exercising rights regarding disability, discrimination or pregnancy accommodation
❒ Retaliation *based on one or more of the categories listed above*
❒ Association with a person or group with one or more of these actual or perceived categories listed above
❒ Programs and activities subject to Unicorm Complaint Procedures (UCP)
❒ Williams Complaint (Instructional materials, teacher vacancy or misassignment, or urgent facilities conditions)
❒ Other (*specify*): _____

Details of Complaint *(Please add additional details regarding your complaint on a separate sheet of paper.)*

1. Describe the type of incident(s) you experienced that led to this complaint. Attach additional information or documentation if available:

2. List location(s) where the alleged violation(s) occurred:

3. List the date(s) and time(s) when alleged violations(s) occurred or first came to your attention:

4. List the individual(s) involved in the incident(s) of your complaint:

5. List any witnesses to the incident(s):

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

7. What would you like SCOE to do in response to your complaint?

8. What remedy are you seeking?

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

_____ _____

Signature of Complainant *Date*

Please submit this complaint to:

Nicole Rosaschi, Director of Human Resource Services
5340 Skylane Blvd., Santa Rosa, Ca 95403
707-524-2723 | nrosaschi@scoe.org

Sonoma County Office of Education Title IX Coordinators:

Personnel *(Staff Title IX Coordinator):*
Melissa Quinn, Director, School Culture and Partnerships
707-524-8405 | mquinn@scoe.org

Special Education Students *(Student Title IX Coordinator)*
Cheryl Parsley, School Psychologist
707-524-2762 | cparsley@scoe.org

Student Programs *(Staff Title IX Coordinator):*
Amanda Welter, Director, Student Support Services & Accountability 707-522-3069 | awelter@scoe.org

Community School & Court School *(Student Title IX Coordinator)*
Angie Scardina, Director, Alternative Education
707-522-3322 | ascardina@scoe.org

Superintendent Policies regarding complaints:

1312.1 Complaints Concerning County Office Employees
1312.2 Complaints Concerning Instructional Materials
1312.3 Uniform Complaint Procedures
1312.4 Williams Uniform Complaint
4031 Complaints Concerning Discrimination Employment
4119.12 Title IX Sexual Harassment Complaint Procedures

Details of Complaint *(Add additional details regarding your complaint)*