

COMPLAINT FORM
(Including Unlawful Discrimination and Retaliation)

Name:					
	Last	Fi	rst		
Address:					
	Street or P.O. Bo	x City	State	Zip	
Phone: Day		Evening			
I am a(n):	☐ Student				
	■ Employee				
	☐ Parent/Guardian If this complaint is of	n behalf of your child, _l	please provide j	your:	
Child's Name and Grade:					
	Child's School:				
	☐ Other (<i>specify</i>)				
This compla	int is against (name(s))				
	ug ((×))				
Date of most	t recent incident:				
Do you belie	ve that the conduct that y	ou are complaining a	about is <u>bullyin</u>	<u>ng</u> ? Yes No	
-	ve that the conduct that y			ful discrimination?	
If your comp	olaint concerns <u>unlawful</u>	discrimination, please	e complete the	following:	
☐ Race or 0	Color	ctual or Perceived Sex	Physic	al Disability	
Ethnicity	☐ G	ender	☐ Mental	Disability	
Ancestry	/Nationality	ender Identity	Geneti	c Information	
☐ Ethnic G	roup	ender Expression	☐ Medica	al Condition	
Identifica	tion	exual Orientation	☐ Age		
☐ Immigrat	tion Status	arital/Parental Status	Other ((specify):	
☐ Religion	/Creed	ilitary/Veteran Status			
☐ Retaliation	on based on one or more o	f the categories listed a	above		

Association with a person or group with one o listed above	r more of these actual or perceived categories			
Clearly state your complaint. Describe each inc Attach additional pages as necessary.	ident of alleged misconduct separately.			
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 responyou seeking?	nse to your complaint? What remedy are			
I certify that this information is correct to the b	est of my knowledge.			
Signature of Complainant				
Send Original to appropriate person as indicated by				
Sonoma County Office of Education Title IX Coordinate 5340 Skylane Blvd. Santa Rosa, CA 95403 Personnel: Debra Sanders, Foster Youth Services Coordinator	Alternative Education Students: Georgia loakimedes, Director, Alternative Education 707-524-2600 gioakimedes@scoe.org Special Education Students:			
707-524-2600 dasanders@scoe.org	Chelsea Siegel, Principal, Special Education 707-524-2600 csiegel@scoe.org			

Rev. June 2021