

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.

Signature of Complainant

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:

Debra Sanders, Foster Youth Services
Coordinator
707-524-2600 | dasanders@scoe.org

Alternative Education Students:

Georgia Ioakimedes, Director, Alternative
Education
707-524-2600 | gioakimedes@scoe.org

Special Education Students:

Chelsea Siegel, Principal, Special Education
707-524-2600 | csiegel@scoe.org