

UNIFORM COMPLAINT FORM

(Reference Board Policy/Administrative Regulation 1312.3)

Submit Completed Form To:

Jeff Youskievicz
Assistant Superintendent, Educational Services
Title IX Coordinator/Compliance Officer
35320 Daggett-Yermo Rd. | P.O. Box 847 | Yermo, CA 92398
jyouskievicz@svusdk12.net | 760-254-2916 Ext. 1157

COMPLAINANT’S CONTACT INFORMATION

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

You are filing this complaint on behalf of: _____

- Yourself Your child (a student) Another student Group

BASIS OF COMPLAINT (please check the applicable category/categories:

- DISCRIMINATION HARASSMENT INTIMIDATION BULLYING

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- Adult Education Consolidated Categorical Programs Nutrition Services
 Career/Technical Education Migrant and Indian Education Special Education
 Child Development Program Adoption of School Safety Plan Fees and Charges

For allegation(s) of unlawful discrimination/harassment, please check the basis of the unlawful discrimination/harassment described in your complaint, if applicable:

- Age Ethnicity Religion
 Ancestry Gender* Sex (Title IX)
 Color National Origin Sexual Harassment
 Mental or Physical Disability Race Sexual Orientation
 Based on a person’s association with a person or group with one or more of these actual or perceived characteristics.

* According to State law, “Gender” includes a person’s gender identity and gender related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth. (Education code section 210.7)

DETAILS OF COMPLAINT:

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

1. Please describe, in as much detail as possible, the type of incident(s) you experienced that led to this complaint, including: the events or actions; the individuals involved; date(s) and time; location; and witnesses, if any:

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

3. Describe any harm suffered as a result of the incident(s) described above.

4. Describe the proposed remedy that is being requested.

Signature of Person Filing Complaint

Date

Received by: _____

Title: _____

Date Received/Filed: _____

(Please provide a duplicate copy to the Complainant)