

**SONOMA VALLEY UNIFIED SCHOOL DISTRICT**  
**Uniform Complaint Procedures**  
**COMPLAINT FORM**

In accordance with Sonoma Valley Unified School District's Board Policy 1312.1, the District follows the uniform complaint procedures when addressing complaints alleging failure to comply with applicable state and federal laws and regulations including, but not limited to, allegations about discrimination, harassment, intimidation, bullying, and noncompliance with laws relating to pupil fees. A copy of the District's uniform complaint procedures is available online at [www.sonomaschools.org](http://www.sonomaschools.org)

**I. Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**II. Complainant**

You are filing this complaint on behalf of: \_\_\_\_\_

Parent/Guardian     Pupil     Witness to the Incident     Other

**III. School Information**

School Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

**IV. Basis of Complaint:**

Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced:

- |  |  |
|--|--|
| <input type="checkbox"/> Age                         | <input type="checkbox"/> Marital Status  |
| <input type="checkbox"/> Ancestry                    | <input type="checkbox"/> Nationality   |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Disability - Physical       | <input type="checkbox"/> Pregnancy   |
| <input type="checkbox"/> Disability - Mental         | <input type="checkbox"/> Parental Status   |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity   |
| <input type="checkbox"/> Gender Expression           | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> Sex   |
| <input type="checkbox"/> Gender                      | <input type="checkbox"/> Sexual Harassment (Title IX)                                      |
| <input type="checkbox"/> Genetic Information         | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Immigration Status          | <input type="checkbox"/> Association with any of these actual or perceived characteristics |

Violation of federal or state law or regulations governing the following:

- Adult Education Programs
- After School Education and Safety
- Agricultural Career Tech Education
- American Indian Education Centers
- Early Childhood Education Program Assessments
- Bilingual Education
- California Peer Assistance and Review Programs for Teachers
- Career Technical Education/Training (State)
- Career Technical Education (Federal)
- Child Care and Development Programs
- Child Nutrition Programs
- Compensatory Education
- Consolidated Categorical Aid
- Course Periods Without Educational Content
- Economic Impact Aid
- Education of Pupils in Foster Care
- Education of Pupils who are Homeless
- Education of former Juvenile Court Pupils now enrolled in a school district
- Education of Pupils of Military Families
- Every Student Succeeds Act/No Child Left Behind (Titles I-VII)
- Local Control and Accountability Plan
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Safety Plans
- Special Education Programs
- State Preschool
- Tobacco Use Prevention Education

**V. Details of Complaint**

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

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred:

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List the **individuals** involved in the incident(s):

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List any **witnesses** to the incident(s):

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

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\_\_\_\_\_  
**Signature of person filing complaint**

\_\_\_\_\_  
**Date**

=====  
**Office Use Only:**

**Received by:**

**Date Filed:**

**Name/Title:**