



**Uniform Complaint Procedure  
Discrimination/Harassment Complaint Reporting Form**

*(for students, employees, parents or guardians of students, school and district advisory committees, appropriate private school officials or representatives, and other interested parties)*

The Sweetwater Union High School District has the primary responsibility to insure compliance with applicable state and federal laws and regulations and has established procedures to address allegations of unlawful discrimination and complaints alleging violation of state or federal laws governing educational programs.

The Sweetwater Union High School District shall investigate and seek to resolve complaints using policies and procedures known as the Uniform Complaint Procedures (UCP) adopted by our local board. Unlawful discrimination complaints may be based on actual or perceived sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, or age, or on a person’s association with a person or group with one or more of these actual or perceived characteristics, in any program or activity that receives or benefits from state financial assistance. The UCP shall also be used when addressing complaints alleging failure to comply with state and/or federal laws in Adult Education, Consolidated Categorical Aid Programs, Career Technical And Technical Education And Training Programs, Child Care And Developmental Programs, Special Education Programs, and Federal Safety Planning Requirements.

In accordance with the District’s Uniform Complaint Procedures (AR 1312.3 (a)) (5 CCR 4620) our school district shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination against any protected group. Protected groups put forth under Title IX and in California are enumerated by Education Code §§ 200 and 220, Government Code §§ 11135, and include actual or perceived sex, sexual orientation, gender, ethnicity, race, ancestry, national origin, religion, color, mental or physical disability, and age, as well as association with member of a protected class. Additionally, it is the policy of the State of California, pursuant to Section 200, that all persons should enjoy freedom from discrimination and /or harassment of any kind in the educational institutions of the state. This also includes sexual harassment, which is a form of sexual discrimination (EC § 231.5).

**Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**Complainant:**

You are filing this complaint on behalf of: \_\_\_\_\_  
 yourself       your child or a (student)       another student       a group

\*The Sweetwater Union High School District does not discriminate with regard to sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, mental disability, or physical disability, age, marital or parental status or any other unlawful consideration. SUHSD Boar Policy #2224

**School Information:**

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

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

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

**Basis of Discrimination or Harassment:**

Please check the following box(s), based on the type(s) of harassment you experienced, (Education Code §§ 200 and 220, Government Code §11135) including *actual or perceived*:

Complaints related to:

- Sexual orientation
- Gender
- Ethnicity
- Race
- National Origin
- Religion
- Color
- Ancestry
- Mental or physical disability
- Age
- Association with any of these categories
- Sexual Harassment
- Sex (Title IX)

**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 harassment or discrimination that you experienced, including the events or actions, in as much detail as possible:

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List the **people** involved in harassing or discriminating against you:

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List any **witnesses** of the incident:

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Describe the **location where** the harassment/discrimination occurred:

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Please list **all the date(s) and times** when the harassment/discrimination occurred or when the alleged harassment/discrimination first came to your attention:

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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

Received by: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Title: \_\_\_\_\_

### **Response to Dissatisfied UCP Decision**

If dissatisfied with the district's decision, the complainant may appeal in writing to the CDE within **15** days of receiving the district's decision. When appealing to the CDE, the complainant must specify the basis for the appeal of the decision and whether the facts are incorrect and/or the law has been misapplied. The appeal shall be accompanied by a copy of the locally filed complaint and a copy of the district's decision. (5 CCR 4632). To file an appeal, write to:

California Department of Education  
Office of Education Equity  
1430 N Street, Suite 4206  
Sacramento, California 95814

***Copies free of charge.***