



Uniform Complaint Procedures Form

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Date of Alleged Violation _____ Program/Office of Alleged Violation _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable.

- Accommodations for Pregnant and Parenting Pupils
- Adult Education
- After School Education and Safety
- Agricultural Career Technical Education
- Child Care and Development Programs
- Compensatory Education
- Consolidated Categorical Aid Programs
- Course Periods without Educational Content
- Every Student Succeeds Act (ESSA)
- Instructional Materials and Curriculum Diversity
- Local Control Accountability Plans (LCAP)
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Plans for Student Achievement
- Schoolsite Councils
- State Preschool
- State Preschool
- State Preschool Health and Safety Issues in LEAs Exempt from Licensing
- Career Technical and Technical Education and Career Technical and Technical Training Programs
- Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families, pupils formerly in Juvenile Court now enrolled in a school district, pupils who are migratory, and pupils participating in a newcomer program.

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- Sex
- Sexual Orientation
- Gender
- Gender Identity
- Gender Expression
- Ancestry
- Ethnic Group Identification
- Race or Ethnicity
- Religion
- Nationality
- National Origin
- Age
- Color
- Mental or Physical Disability
- Lactating Student
- Association with a person or group with one or more of the actual or perceived categories listed above.



For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations at the SCCOE.

If you have contacted your school and the SCCOE administrative office and still require assistance, referrals or resources, please contact the Assistant Superintendent at 408-453-6560.

Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc, that may be helpful to the complaint investigator.

Have you attempted to discuss your complaint with any Santa Clara County Office of Education personnel? If so, with whom and what was the result?

Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes No

Signature_____ Date_____

Mail or email your complaint/documents to:

Teresa Shipp, Assistant Superintendent Educational Services Division
Title IX Coordinator
Santa Clara County Office of Education
1290 Ridder Park Drive, MC 271, San Jose, CA 95131
TShipp@sccoe.org