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 ________________ School/Office of Alleged Violation ________________

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

❑ Adult Education                          ❑ Consolidated Categorical Aid                          ❑ Child Care & Development
❑ Child Nutrition                          ❑ Regional Occupational Centers and Programs           ❑ Special Education
❑ Pupil Fees for Educational Activities    ❑ Child Nutrition                                      ❑ Foster/Homeless
❑ After School Education/Safety            ❑ Agricultural Vocational Education                   ❑ Physical Education Minutes
❑ Tobacco-Use Education                    ❑ Local Control Accountability Plan                   ❑ Economic Impact Aid
❑ Bilingual Education                      ❑ Every Student Succeeds Act                           ❑ State Preschool
❑ Migrant Education                        ❑ School Safety Plans                                  ❑
❑ California Peer Assistance and Review Programs for Teachers
❑ Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education
❑ American Indian Education Centers & Early Childhood Education Program Assessments

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, fax or email your complaint/documents to:

Jessica Bonduris, Ed.D., Assistant Superintendent
SCCOE Title IX Coordinator
Educational Services Division
Santa Clara County Office of Education
1290 Ridder Park Drive, San Jose, CA 95131
JBonduris@sccoe.org