Round Valley Unified School District Uniform Complaint Procedure Discrimination/Harassment Complaint Reporting Form

In accordance with Round Valley Unified School District's Uniform Complaint Procedures (5 CCR 4620), each school shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination, harassment, intimidation and bullying against any protected group. Protected groups are enumerated by Education Code §§ 200 and 220, Additionally, it is the policy of the State of California, pursuant to Section 200, that all individuals shall 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).

I. Contact Info	ormation:		
Address:			
City:	Zip:		
Home Phone:		Work or Cell Phone:	
II. Complaina			
You are filing t □ Yourself	his complaint on behalf of: □ your child or a (student)	□ another student □ a group	
III. School Infe	ormation		
School Name: Principal's Nar Address:	me:	 City:	
IV. Basis of C			
	the following box(s), based on t d bullying you experienced, (Ed	the type(s) of discrimination, harassment, ducation Code §§ 200 and 220	
☐ Sexual or ☐ Gender * ☐ Ethnicity ☐ Race ☐ National of ☐ Religion ☐ Color		 ☐ Ancestry ☐ Mental or physical disability ☐ Age ☐ Association with any of these categories ☐ Sexual Harassment ☐ Sex (Title IX) 	
		best of your ability. Attach additional	
Please describe the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:			

List the individuals involved in the incident(s) complaint of:			
List any witnesses to the incident(s):			
Describe the location where the incident(s) occurred:			
Please list all the date(s) and times when the incident(s) of acts first came to your attention:	occurred or when the alleged		
What steps, if any, have you taken to resolve this issue before filing a complaint?			
Signature of person filing complaint	Date		
Received by: Title:	Date Filed:		

Please provide a duplicate copy to the complainant