



BOARD OF TRUSTEES

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HUMAN RESOURCES OFFICER

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CHIEF BUSINESS OFFICIAL

Uniform Complaint Form
(Including Unlawful Discrimination and Retaliation)

Name: _____ Phone: _____

Address: _____

I am a(n): student employee other
 Parent/Guardian: Please list child's name and grade: _____

This complaint is filed against (list names here): _____

Date of most recent incident: _____

Do you believe the conduct in your complaint is about bullying? Yes No

Do you believe the conduct in your complaint is about unlawful discrimination? Yes No

If your complaint involves unlawful discrimination, please complete the following: I allege unlawful discrimination based on the following basis:

- Age Ethnic Group Physical Disability Genetic Information
- Color Ancestry Mental Disability Race or Ethnicity
- Nationality Gender/Sex Sexual Orientation Actual or Perceived Sex
- Retaliation Gender Identity Gender Expression Religion

Please state your complaint and attach it to this form. Describe each incident of alleged misconduct separately. For each incident, please provide the following information for clarity: dates of misconduct, name of individuals involved in misconduct, a description of misconduct, witnesses (if any), why you believe the misconduct was a violation and if applicable, why you believe you were retaliated against for filing a complaint or asserting your right to be free from unlawful discrimination on any of the bases you identified.

What would you like the district to do in response to your complaint? What remedy are you seeking?

I certify that this information is correct to the best of my knowledge:

Signature: _____ Date: _____

Return completed information to Chief Academic Officer at SHUSD District Office