

**Policies and Regulations Manual
Sutter County Board of Education**

Series 1000 – Community Relations

UNIFORM COMPLAINT FORM

Type of Complaint:

(see definitions in policies: BP 1312.3 or SP 4144)

- | | |
|--|--|
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Instructional Materials |
| <input type="checkbox"/> Unlawful Discrimination | <input type="checkbox"/> Student Fees |
| <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> LCAP |
| <input type="checkbox"/> Program Compliance | <input type="checkbox"/> Title IX |

Individual Filing Complaint: _____

(please print)

Address, City, Zip: _____

Telephone: _____ Cell: _____

Employee(s) involved in complaint (if applicable):

School site, program, and/or materials involved in complaint (if applicable):

Nature of Complaint:

(This should be a description in your own words of your complaint, including all names, dates, times, and places necessary for a complete understanding of your complaint.)

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(You may attach additional pages if necessary to describe the complaint)

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Sutter County Superintendent of Schools
Uniform Complaint Form

Has the complaint been discussed with a County Office administrator? _____

To whom have you spoken? _____

When? Date(s) _____

What was the result of the discussion? _____

I understand that the County Superintendent may request additional information from me regarding this complaint, and if such information is available, I shall present it upon request.

I also understand that a copy of this complaint may be given to the person(s) against whom this complaint is being made, and he/she (they) will be given the opportunity to respond in writing to this complaint, and that I will receive a copy of such response.

I also understand that this complaint will be investigated in accordance with Board Policy 1312.3 or Superintendent Policy 4144, pursuant to the type of the complaint.

I also understand that if a hearing is held on this complaint by the Board of Education or a committee thereof, I will be informed of the date, time, and place the hearing will be held.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____
(date) (city)

California.

Signature

Date

Submit Complaint to:

Personnel or Unlawful Discrimination
Director of Human Resources
970 Klamath Lane
Yuba City, CA 95993
(530) 822-2900

Program Compliance or Instructional Materials
Director of Student Services
970 Klamath Lane
Yuba City, CA 95993
(530) 822-2900