



# RIO SCHOOL DISTRICT

2500 E. Vineyard Avenue, Suite 100 • Oxnard, CA 93036  
Tel. (805) 485-3111 • Fax (805) 981-7736  
[www.rio.k12.ca.us](http://www.rio.k12.ca.us)

## Uniform Complaint Procedure Discrimination/Harassment Complaint Reporting Form

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district 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 Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

### II. Complainant

You are filing this complaint on behalf of: \_\_\_\_\_  
 yourself     your child or a (student)     another student     a group

### III. School Information

School Name: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

### IV. Basis of Complaint:

Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced, (Education Code §§ 200 and 220

- |   |   |
|---|---|
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Ancestry                                 |
| <input type="checkbox"/> Gender *           | <input type="checkbox"/> Mental or physical disability            |
| <input type="checkbox"/> Ethnicity          | <input type="checkbox"/> Age                                      |
| <input type="checkbox"/> Race               | <input type="checkbox"/> Association with any of these categories |
| <input type="checkbox"/> National origin    | <input type="checkbox"/> Sexual Harassment                        |
| <input type="checkbox"/> Religion           | <input type="checkbox"/> Sex (Title IX)                           |
| <input type="checkbox"/> Color              |   |

**V. Details of Complaint**

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

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:

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List the **individuals** involved in the incident(s) complaint of:

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List any **witnesses** to the incident(s):

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Describe the **location where** the incident(s) occurred:

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Please list **all the date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

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**What steps**, if any, have you taken to resolve this issue before filing a complaint?

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\_\_\_\_\_  
Signature of person filing complaint

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Title: \_\_\_\_\_

**Please provide a duplicate copy to the complainant.**

