

Butte County Office of Education
UNIFORM COMPLAINT FORM

TO: Human Resources; Butte County Office of Education
1859 Bird Street
Oroville, CA 95965

FROM: Name(s) _____
Address _____ Zip Code _____
Telephone (Home) _____ (Work) _____

PROGRAM(S) CONCERNED (please check below):

- 1) A violation of federal or state law or regulation governing the following program(s).
- Accommodations for pregnant and Parenting Pupils
 - Adult Education
 - After School Education and Safety
 - Career Technical and Technical Education, Career Technical, Technical Training (state)
 - Career Technical Education (federal)
 - Child Care and Development
 - Compensatory Education
 - Course Periods without Educational Content
 - Education of Pupils in Foster Care, Pupils who are Homeless, former Juvenile Court Pupils now enrolled in a school district and Children of Military Families
 - Every Student Succeeds Act
 - Local Control and Accountability Plans (LCAP)
 - Migrant Education
 - Physical Education Instructional Minutes
 - Pupil Fees
 - Reasonable Accommodations to a Lactating Pupil
 - Regional Occupational Centers and Programs
 - School Plans For Student Achievement
 - School Safety Plans
 - School Site Councils
 - State Preschool

OR

- 2) Discrimination, harassment, intimidation and bullying in programs receiving state financial assistance based on one of the following actual or perceived characteristics:

- | | |
|--|---|
| <input type="checkbox"/> Ethnic group identification | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Race |
| <input type="checkbox"/> Age | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Physical or mental disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Actual or perceived sex |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Association with person/group listed above |

NATURE OF COMPLAINT. (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint. Attach additional sheets, if necessary.):

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Have you spoken with any district personnel regarding this complaint? Yes No
If so, what are their names?

What was the result of the discussion? _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

Students, parents or guardians should mail Uniform Complaints to:
Jeanette Spencer, Sr. Advisor
Uniform Complaint Compliance Officer
Butte County Office of Education
5 County Center Drive
Oroville, CA 95965
jspencer@bcoe.org
(530) 532-5820

Employees should mail Uniform Complaints to:
Karen Finley, Executive Director-Human Resources
Uniform Complaint Compliance Officer
Butte County Office of Education
1859 Bird Street
Oroville, CA 95965
kfinley@bcoe.org
(530) 532-5650