

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):

- Adult Education (Education Code Sections 8500-8538 and 52500-52616.5)
- Child Nutrition (Education Code Sections 49490-49560)
- Child Care and Development (Education Code Sections 8200-8493)
- Consolidated Categorical Aid (Education Code Section 64000(a))
- Migrant Education (Education Code Sections 54440-54445)
- Special Education (Education Code Sections 56000-56885 and 59000-59300)
- Vocational Education (Education Code Sections 52300-52480)
- No Child Left Behind Act (school safety planning, 20 U.S.C. Section 7114(d)(7))
- Local Control and Accountability Plan (Education Code Section 52075)

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.):

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:

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