



Grant Elementary School District

“Preparing Students for the Future”

Mike Freeman, Superintendent/Principal
Trudy Pellizzari, Assistant Principal
Heather Brown, Chief Business Official
www.grantschoolcougars.com

8835 Swasey Drive
Redding, CA 96001
(530) 243-4952
Fax (530) 243-7014

Uniform Complaint Procedure Discrimination/Harassment Complaint Reporting Form

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:

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

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

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

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

Signature of person filing complaint

Date

Received by:
Title:

Date Filed:

Please provide a duplicate copy to the complainant.

California Department of Education
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