



450 West East Avenue, Chico, CA 95926  
 (530) 879-7483 Phone (530) 879-7490 Fax

FOR OFFICE USE ONLY
Date Received: _____
Received By: _____
Response By: _____
Response Due: _____

Please complete the following form if there is a complaint or charge against the school site, program, office or school employee. Submit this complaint form to Blue Oak School. Call (530) 879-7483 for assistance with completing the form. The School will issue a written decision within 60 days.

## UNIFORM COMPLAINT FORM

**Submit Complaint to:**

Executive Director  
 450 West East Avenue, Chico, CA 95926

The Executive Director may assign other staff or other individuals to investigate based on the nature of the complaint. The Executive director will ensure that employees and individuals designated to investigate complaints are knowledgeable about the laws and programs for which they are responsible. Designated employees may have access to legal counsel. Staff members and individuals who may be asked to investigate complaints are:

- |   |   |
|---|---|
| <input type="checkbox"/> Executive Director<br><input type="checkbox"/> Teacher/Faculty<br><input type="checkbox"/> Support Staff | <input type="checkbox"/> Landlord<br><input type="checkbox"/> Other |
|---|---|

The Executive Coordinator will promptly notify the complainant if another employee or individual is designated to investigate the complaint.

**Complaint filed by:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number(s): c: \_\_\_\_\_ h: \_\_\_\_\_ w: \_\_\_\_\_

**Place a check next to the kind of complaint you are presenting:**

<input type="checkbox"/> <b>Program:</b> <input type="checkbox"/> Program for English Learners <input type="checkbox"/> Civil Rights Child <input type="checkbox"/> Nutrition <input type="checkbox"/> Educational Equity <input type="checkbox"/> State Compensatory Education (SCE) <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> No Child Left Behind <input type="checkbox"/> Response to Intervention (RTI)	<input type="checkbox"/> <b>Discrimination on basis of:</b> <input type="checkbox"/> Age <input type="checkbox"/> Ancestry and/or National Origin <input type="checkbox"/> Bullying <input type="checkbox"/> Color <input type="checkbox"/> Ethnic Group Identification <input type="checkbox"/> Gender <input type="checkbox"/> Harassment <input type="checkbox"/> Intimidation <input type="checkbox"/> Marital Status <input type="checkbox"/> Physical/Mental Disability <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Based on association with a group or person with one or more of these actual/perceived characteristics	<input type="checkbox"/> <b>Other:</b>           
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Name of program, office, or name of employee against whom charge or complaint is directed:

Nature of complaint (attach additional pages if necessary):

When did event(s) occur? Date(s): \_\_\_\_\_

To whom have you spoken? Write name(s) and date(s) in spaces provided.

<b>Title</b>	<b>Name</b>	<b>Date(s)</b>
<input type="checkbox"/> Executive Director:	_____	_____
<input type="checkbox"/> Student Services Director	_____	_____
<input type="checkbox"/> Education Director	_____	_____
<input type="checkbox"/> Counselor	_____	_____
<input type="checkbox"/> Staff Member	_____	_____
<input type="checkbox"/> Other	_____	_____

What was the result of the discussion?

If you desire a remedy or wish the District to take a particular course of action, please specify:

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*I understand that Blue Oak School will maintain this information confidential, to the extent provided by law; that I will be protected from retaliation for filing this complaint; that Blue Oak School may request further information about this matter; and if such information is available, I agree to present it upon request.*

*I believe that the foregoing is true and correct.*

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*Signature*

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*Date*