

In order to promote prompt and fair resolution, every effort should be made to resolve a concern at the earliest possible stage and starting at the school site level.

Response requested: Yes No

Contact information: (Required if response is requested)

Name: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

Phone: _____ E-mail address: _____

Address: _____

Date of Alleged Violation: _____ School/Department of Alleged Violation: _____

1. Allegations of noncompliance, please list the program or activity referred to in your complaint, if applicable:

2. For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please list the actual or perceived protected characteristics upon which the alleged conduct was based:

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your School Principal.

If you have contacted your school and still require assistance, referrals or resources, please contact the Student Services Department, Title IX/Bullying Complaint Officer at 408-377-2103.

3. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc. that may be helpful to the complaint investigator.



4. Have you attempted to discuss your complaint with any Cambrian School District personnel? If so, with whom and what was the result?

5. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes No

Signature: _____ Date: _____

Return this form to the following location:

Director of Student Services c/o Cambrian School District
4115 Jacksol Drive
San Jose, CA 95124
408-377-2103

For District Office Use:

Request received by: _____ Date: _____

Title: _____

Action taken: _____ Date: _____