

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. The District takes concerns seriously and will thoroughly investigate this claim. Some information on this form will be shared with the employee(s) involved and, to the extent necessary, with the appropriate persons who must be contacted in order to investigate the claim.

**Contact Information**

Name (Last, First): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

You are filing this complaint on behalf of (Last, First): \_\_\_\_\_

Parent/Guardian  Pupil  Witness to the Incident  Other: \_\_\_\_\_

**Complaint Information**

Date of violation: \_\_\_\_\_ Time of violation (if applicable): \_\_\_\_\_ Location of violation: \_\_\_\_\_

Is this the first time you have raised this concern about this violation?  No  Yes

Basis of Complaint: District violation of state or federal law or regulations governing:

- |  |  |
|--|--|
| <input type="checkbox"/> Accommodations for Pregnant and Parenting Pupils                                | <input type="checkbox"/> Every Student Succeeds Act                    |
| <input type="checkbox"/> After School Education and Safety   | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) |
| <input type="checkbox"/> Child Care and Development  | <input type="checkbox"/> Migrant Education                             |
| <input type="checkbox"/> Compensatory Education  | <input type="checkbox"/> Physical Education Instructional Minutes      |
| <input type="checkbox"/> Consolidated Categorical Aid Programs   | <input type="checkbox"/> Pupil Fees                                    |
| <input type="checkbox"/> Course Periods without Educational Content                                      | <input type="checkbox"/> School Plans for Student Achievement          |
| <input type="checkbox"/> Educational Opportunities for foster, homeless, and military families' students | <input type="checkbox"/> School Safety Plans                           |
|  | <input type="checkbox"/> Schoolsite Councils                           |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Age  | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Ancestry                                   | <input type="checkbox"/> Race or Ethnicity   |
| <input type="checkbox"/> Breastfeeding Students                     | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Color                                      | <input type="checkbox"/> Sex   |
| <input type="checkbox"/> Physical or Mental Disability              | <input type="checkbox"/> Sexual Harassment (Title IX)                                      |
| <input type="checkbox"/> Ethnic Group Identification                | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Gender (Including: Expression or Identity) | <input type="checkbox"/> Association with any of these actual or perceived characteristics |
| <input type="checkbox"/> Marital or Parental Status                 |  |
| <input type="checkbox"/> Nationality                                |  |

**Describe the violation in detail:** Use additional paper if needed.

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

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**Witnesses:** Please list anyone who was involved or witnessed this incident:

Name: \_\_\_\_\_  Student  Parent  Cambrian Employee

Name: \_\_\_\_\_  Student  Parent  Cambrian Employee

Name: \_\_\_\_\_  Student  Parent  Cambrian Employee

**Describe prior attempts to discuss/resolve this matter with any Cambrian School District personnel:**

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*I do hereby affirm that the above information provided by me is true and complete to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form and any other documents that may be relevant or supportive of your complaint 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:** Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Action taken: \_\_\_\_\_ Date: \_\_\_\_\_

Multiple horizontal lines for text entry.