

MODESTO CITY SCHOOLS
**STUDENT UNLAWFUL DISCRIMINATION/INTIMIDATION/
 BULLYING AND/OR HARASSMENT COMPLAINT FORM**
 (AR 5145.3, Nondiscrimination in Education Programs and Activities
 AR 5145.7, Student Sexual Harassment)

Directions: Please provide the information requested. Your responses will assist an investigation.

Complainant's Name _____ I am a _____ student _____ parent
Last Name First M.I.
 (Please check one)

Student's Name _____
 (If parent is complainant) Last Name First M.I. School Grade

Address _____
Street City Zip Code

Home Telephone _____ Work Telephone _____

COMPLAINT PROCEDURE

I wish to complain against (*Specify person, program and/or activity*) _____

Date of alleged discrimination, intimidation, bullying, and/or harassment _____

DISCRIMINATION WAS BASED ON: (*Please check only those which apply*)

- | | | | |
|---------------|-------------------------|-------------------------------|------------------------|
| ____ Race | ____ National Origin | ____ Language | ____ Economic Status |
| ____ Religion | ____ Ethnicity | ____ Physical Disability | ____ Gender Expression |
| ____ Gender | ____ Sexual Orientation | ____ Developmental Disability | ____ Gender Identity |
| | | | ____ Other |

[Form must be submitted to the Title IX Officer no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts of the alleged discrimination--BP/AR 5145.3 and BP/AR 1312.3.]

DISCRIMINATION WAS BASED ON SEXUAL HARASSMENT: (*Please check box*)

[Form must be submitted to the supervisor of the administrator to whom the informal complaint was first presented within sixty (60) days of the date of the last incident which is the subject matter of the complaint--BP/AR 5145.7.]

DETAILS OF COMPLAINT:

On an attached sheet, please write in detail how you believe you were discriminated against. Be specific. Please give dates, times, places, and the full name(s) of individual(s) involved. If there are any witnesses to the alleged discrimination or if there is anyone who can provide additional information, please list below.

WITNESSES OR OTHERS WITH INFORMATION:

Name	Address	Telephone

REMEDY: What do you think would be an appropriate remedy or resolution for the complaint?

I certify under penalty of perjury that the foregoing and any attachments are true and correct.

Date _____ Signature _____

**Student Unlawful Discrimination/Intimidation/Bullying
and/or Harassment Complaint Form (continued)**

ADMINISTRATOR'S ACTION AS A RESULT OF COMPLAINT:

Administrative Action: _____

Date _____ Administrator's Signature _____

Complainant stated satisfaction with informal resolution.

Complainant's Signature (Optional)

Date

Send a copy of this form to the appropriate Title IX Officer.

**MODESTO CITY SCHOOLS
OVERVIEW OF STUDENT COMPLAINT POLICIES/
STUDENT GRIEVANCE PROCEDURES**

Student Nondiscrimination Policies:

**Grievance
Procedures/
Title IX Officers:**

**Sexual
Harassment**
(Student to
Student)

**Student
Sexual
Harassment
BP 5145.7**

**Student
Conduct
Code, K-6
BP 5131**

**Student
Conduct
Code, 7-12
BP 5132**

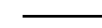


**Student
Sexual
Harassment
AR 5145.7**

**Associate
Superintendent,
Educational
Services**

**Sexual
Harassment**
(Employee to
Student/Student
to Employee)

**Student
Sexual
Harassment
BP 5145.7**



**Student
Sexual
Harassment
AR 5145.7**

**Deputy
Superintendent,
Human Resources**

**Education
Programs &
Activities**
(Student to
Student)

**Nondiscrimination
in Education
Programs and
Activities
(Federal and
State Law)
BP 5145.3**

**Principles of Rights,
Responsibilities and
Respect to Ensure
a Safe School
Environment
BP 5145.4**



**Uniform
Complaint
Procedures
BP/AR 1312.3**

**Associate
Superintendent,
Educational
Services**

**Education
Programs &
Activities**
(Employee to
Student/Student
to Employee)

**Nondiscrimination
in Education
Programs and
Activities
(Federal and
State Law)
BP 5145.3**

**Principles of Rights,
Responsibilities and
Respect to Ensure
a Safe School
Environment
BP 5145.4**



**Uniform
Complaint
Procedures
BP/AR 1312.3**

**Deputy
Superintendent,
Human Resources**