

San Benito High School District

E 1312.3
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UNIFORM COMPLAINT FORM

Equal Employment Opportunity Employer

TO: Shawn Tennenbaum,
Compliance Officer

FROM: _____
(Print Name)

Date of event leading to complaint: _____

(Address)

Position/Title of person filing form:

Parent/Guardian

Pupil

Faculty/Staff

Administrator

Other (Specify)

(City/Zip Code)

(Area Code/Phone Number)

Name of person(s) or program against whom complaint is made: _____

School Department _____

I believe a violation of Education Code Sections 200 or 220, or Government Code Section 11135 has occurred, based on discrimination in the following area(s)[Note: Please mark those that apply.]:

Actual or Perceived Sex

Sexual Orientation

Gender

Ethnic Group Identification, Race, Skin Color, or National Origin

Religion

Mental or Physical Disability

Age

Person's Association with a Person or Group with One or More of the Actual or Perceived Characteristics Listed Above

Nature of Complaint:

1. Describe in your own words the grounds for your complaint, including **all** names, dates, and places necessary for a complete understanding of your complaint.
2. Describe what steps have been taken to resolve the complaint.
3. What is your proposed resolution to the complaint?

(Please use page 2 and additional pages if necessary, to describe your complaint more fully)

Signature of person filing complaint

Date

Name of person accepting complaint

Signature of person accepting complaint

Date: _____

Time: _____

Copy given to complainant: _____ Yes

ALL COMPLAINTS MUST BE FORWARDED TO:
Shawn Tennenbaum, Compliance Officer
c/o Carol Heiderich
1220 Monterey Street, Room 140, Hollister, CA 95023
(831) 637-5831, Extension 144