TO	UNIFO	ounty Office of Education RM COMPLAINT FORM			
TO:	Title IX & Uniform Complaint Con	ipliance Officer			
FROM:	Name(s)				
	Address	Zip Code			
	Telephone (Home)	(Work)			
	School Site	Date of Incident			
and federa UCP, even your comp alleged vio PROGRAM	l laws governing educational program if they involved alleged violations of lo	nt Process (UCP)			
	dult Education Programs				
	fter School Education and Safety gricultural Career Technical Education				
	areer Technical and Technical Education and Career Technical and Technical Training Programs				
	Child Care and Development Programs				
	Compensatory Education				
	Consolidated Categorical Aid Programs				
	Course Periods without Educational Content				
	Education Code (EC) sections 200 and 220 characteristic as set forth in Penal Code group with one or more of these actual educational institution, as defined in EC any state financial assistance	n, or bullying against any protected group as identified under California and Government Code Section 11135, including any actual or perceived Section 422.55, or on the basis of a person's association with a person or perceived characteristics, in any program or activity conducted by an Section 210.3, that is funded directly by, or that receives or benefits from			
	Educational and graduation requirement	rs for pupils in foster care, pupils who are homeless, pupils from military.			

families, pupils formerly in Juvenile Court now enrolled in a school district, pupils who are migratory, and pupils participating in a newcomer program

Every Student Succeeds Act

Local Control and Accountability Plans (LCAP)

Migrant Child Education

Physical Education Instructional Minutes

Pupil Fees

Reasonable Accommodations to a Lactating Pupil

Regional Occupational Centers and Programs

School Plans for Student Achievement

School or athletic team names, mascots, or nicknames

School Safety Plans

School Site Councils

State Preschools

State Preschool Health and Safety Issues in LEAs Exempt from Licensing

	Discrimination, harassment, intimidation and bullying in programs receiving state financial assistance based on one of the following actual or perceived characteristics:			
	Age		Lactating Student	
	Ancestry		Mental or Physical Disa	bility
	Association with person/group	listed above	Nationality	
	Color		National Origin	
	Ethnic group identification		Race or Ethnicity	
	Gender		Religion	
	Gender Expression		Sex	
	Gender identity		Sexual Orientation	
including all	COMPLAINT. (This should be a desc names, dates, and places necessar neets, if necessary).			-
	oken with any district personnel re	garding this complaint?	Yes No	
What was th	e result of the discussion?			
		Signature:		
		Date:		
	PLEASE	E RETURN THIS FORM TO:		

Mikeial Williamson, Assistant Superintendent – Human Resources
Title IX Coordinator, Uniform Complaint Compliance Officer
Butte County Office of Education – Human Resources
1859 Bird Street, Oroville, CA 96965
(530) 532-5766
mwilliamson@bcoe.org