



# Santa Barbara County Education Office

4400 Cathedral Oaks Rd, PO Box 6307, Santa Barbara, CA 93160-6307  
Telephone: (805) 964-4711 • FAX: (805) 964-4712 • sbceo.org

Susan C. Salcido, Superintendent of Schools

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## **UNIFORM COMPLAINT FORM**

Name:

Date:

Address:

Telephone:

Business:

Home:

I prefer to be contacted at:  Work  Home Days:  A.M.  P.M.

Name of Representative (if any):

Phone:

If filing on behalf of an organization or public agency, please indicate the name, address and phone number:

Please identify the program administered by the County Superintendent of Schools which the allegation regards:

- |  |   |
|--|---|
| <input type="checkbox"/> Accommodations: Pregnant & Parenting Pupils | <input type="checkbox"/> Every Student Succeeds Act                             |
| <input type="checkbox"/> Adult Education                             | <input type="checkbox"/> Local Control and Accountability Plans (LCAP)          |
| <input type="checkbox"/> After School Education & Safety             | <input type="checkbox"/> Migrant Education                                      |
| <input type="checkbox"/> Agricultural Career Technical Education     | <input type="checkbox"/> Physical Education: Instructional Minutes (grades 1-6) |
| <input type="checkbox"/> State Career Technical Education            | <input type="checkbox"/> Pupil Fees   |
| <input type="checkbox"/> Federal Career Technical Education          | <input type="checkbox"/> Reasonable Accommodations: Lactating Pupils            |
| <input type="checkbox"/> Child Care & Development                    | <input type="checkbox"/> Regional Occupational Centers & Program                |
| <input type="checkbox"/> Compensatory Education                      | <input type="checkbox"/> School Plans for Student Achievement                   |
| <input type="checkbox"/> Pupils in Foster Care                       | <input type="checkbox"/> School Safety Plans                                    |
| <input type="checkbox"/> Pupils who are Homeless                     | <input type="checkbox"/> State Preschool  |
| <input type="checkbox"/> Former Juvenile Court Pupils                | <input type="checkbox"/> State Preschool Health & Safety Issues                 |
| <input type="checkbox"/> Children of Military Families               |   |

If the allegation regards unlawful discrimination, please indicate the basis:

- |  |  |
|--|--|
| <input type="checkbox"/> Age                         | <input type="checkbox"/> Immigration Status            |
| <input type="checkbox"/> Ancestry                    | <input type="checkbox"/> Marital Status                |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Nationality                   |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> National Origin               |
| <input type="checkbox"/> Gender                      | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Gender Expression           | <input type="checkbox"/> Parental Status               |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> Pregnancy                     |
| <input type="checkbox"/> Genetic Information         | <input type="checkbox"/> Race or Ethnicity             |



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- Religion
- Sex
- Sexual Orientation

Any other characteristic identified in Education Code 200 or 220, Government Code 11135, or Penal Code 422.55, or based on the person's association with a person or group with one or more of these actual or perceived characteristics

Date of alleged violation occurrence:

What information do you have to indicate the alleged violation occurred? Please be as specific as possible and include all pertinent dates, names, and incidents involved. Attach a separate sheet, if necessary.

What specific actions have been taken to resolve the complaint informally?

State names and phone numbers of witnesses you feel can provide evidence.

What action do you request to be taken?

My signature hereby authorizes the Compliance Officer or their designee to gather all essential information in the investigation of my complaint and, if necessary, share this information with other participants involved in the resolution of this complaint.

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Signature of Complainant

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Date