



JURUPA UNIFIED SCHOOL DISTRICT
4850 Pedley Road
Jurupa Valley, CA 92509

Complaint Form
Bullying, Harassment, Intimidation, or Discrimination
(Education Code 234.1)

NAME OF COMPLAINANT: _____ **Date** _____

Are you: **The victim** **A witness** **I helped deal with the incident** **Other** _____

Name(s) of victim(s): _____

Your relationship to victim(s): _____

Your phone number (if not a District student): _____

Location(s) of incident(s): _____

Date(s) of incident(s): _____

DESCRIBE THE INCIDENT(s): Please be as detailed and factual as you can. Use first and last names if possible, and identify dates and locations if you have that information. Use the back of this page or attach additional pages if needed.

WITNESSES TO THE INCIDENT(s): _____

Do you believe the conduct is/was based on actual or perceived disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation or association with a person or group with one or more of these actual or perceived characteristics? _____. If so, explain: _____

I declare that the information on this form is accurate and true. I understand that the District will make every effort to keep my identity confidential as appropriate, but may need to use my name in connection with the investigation. I also understand that I have the right to file an anonymous complaint. I understand that I am protected against retaliation for submitting this complaint and should immediately report any retaliatory acts to the Principal or Assistant Principal.

Signed: _____ **Date:** _____

“Bullying” means severe or pervasive physical or verbal conduct (student-to-student), including communications in writing or by electronic act (texting, Internet, etc.), and including sexual harassment, hate violence, or harassment, threats or intimidation, that has, or can be reasonably predicted to have, the effect of one or more of the following: (A) placing a reasonable pupil in fear of harm to person or property; (B) causing a reasonable pupil to experience a substantially detrimental effect on his or her physical or mental health; (C) causing a reasonable pupil to experience substantial detrimental interference with his/her academic performance; or (D) causing a reasonable pupil to experience a substantial interference with his/her ability to participate in or benefit from the services, activities, or privileges provided by a school. (Education Code 48900(r))

DISTRICT USE ONLY - Person receiving the complaint: _____ **Date:** _____

Action taken by office (use additional pages if needed): _____

Administrator’s Signature: _____ **Date:** _____