MERCED COUNTY OFFICE OF EDUCATION
Uniform Complaint Procedures Form

Last name _______________________
First Name _______________________
Student Name (if applicable) _______________________
Date of Birth _______________________
Street Address/Apt. # _______________________
City _______________________
State _______________________
Zip Code _______________________
Home Phone _______________________
Cell Phone _______________________
Work Phone _______________________
School/Office/Site of Alleged Violation _______________________

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable.

☐ Adult Education
☐ After School Education & Safety
☐ California Peer Assistance & Review Programs for Teachers
☐ Career Technical Education
☐ Child Care and Development
☐ Child Nutrition
☐ Compensatory Education
☐ Consolidated Categorical Aid
☐ Course Periods without Educational Content
☐ Education of Pupils in Foster Care & Pupils who are Homeless
☐ Every Student Succeeds Act/No Child Left Behind
☐ Local Control Accountability Plans (including Charter Schools)
☐ Migrant Education
☐ Physical Education Instructional Minutes
☐ Pupil Fees
☐ Reasonable Accommodations to Lactating Pupil
☐ Regional Occupational Centers & Programs
☐ School Safety Plans
☐ Special Education
☐ Tobacco-Use Prevention Education
☐ Other MCOE-Implemented Program

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check the protected classes (actual or perceived), upon which the alleged conduct was based, listed below:

☐ Race or Ethnicity
☐ Actual or Perceived Sex
☐ Ethnic Group Identification
☐ Gender Identity
☐ Nationality
☐ Association with a person or group with one or more of these actual or perceived categories listed above
☐ Color
☐ National Origin
☐ Gender Expression
☐ Sex Orientation
☐ Ancestry
☐ Age
☐ Gender
☐ Religion
☐ Mental or Physical Disability

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator. (If necessary, please attach additional sheets of paper.)

____________________________________________________________________________________________________
____________________________________________________________________________________________________

2. Have you discussed your complaint or brought your complaint to any Merced County Office of Education personnel? If you have, to whom did you take the complaint, and what was the result?

____________________________________________________________________________________________________
____________________________________________________________________________________________________

3. Please provide copies of any written documents that may be relevant or supportive of your complaint. I have attached supportive documents to this complaint: ☐ Yes ☐ No

Signed _______________________
Date _______________________

Mail or fax your complaint and any relevant documents to:
Eva L. Chavez, Assistant Superintendent/Human Resources
Merced County Office of Education
632 West 13th Street
Merced, CA 95341
Phone: (209) 381-6627
Fax: (209) 381-6768