



SAN LEANDRO UNIFIED SCHOOL DISTRICT

Michael McLaughlin, Ed. D.
Superintendent

Family & Student Support Services
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2255 Bancroft Ave, San Leandro, CA 94577
Telephone 510-667-6226 / Fax 510-297-0508

TITLE IX COMPLAINT FORM

The San Leandro Unified School District follows Board Policy 5145.7 when addressing complaints alleging failure to comply with applicable State and Federal laws and regulations related to sexual and/or gender-based harassment. A copy of Board Policy 5145.7 is available free of charge. Once completed, please send in the form by email at jparrish@slusd.us or by mail or in person at 2255 Bancroft Ave, San Leandro, CA 94577.

I. Your Contact Information:

Your Name: _____

Street Address _____

City: _____ Zip: _____

Home Phone: _____ Work/Mobile Phone: _____

II. Complainant

You are filing this complaint on behalf of:

Yourself Your Child Another Student Other: _____

III. School Information

School Name/Location: _____

IV. Basis of Complaint

Please identify the type(s) of discrimination, harassment, intimidation, bullying or non-compliance leading to your complaint.

Sex

Sexual Orientation

Gender/ Gender Identity/ Gender Expression



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V. Details of Complaint:

- a) Please describe the type of incident(s) that led to this complaint in as much detail as possible, including all dates and times when the incident(s) occurred (or when the incident(s) first came to your attention) and the specific locations where the incident(s) occurred. Attach additional sheets of paper if you need more space.

- b) Please list the **individuals** involved in the incident(s):



SAN LEANDRO UNIFIED SCHOOL DISTRICT

c) Please list any **witnesses** to the incident(s):

d) **What steps**, if any, have you taken to resolve this issue before filing a complaint?

Signature: _____ Date: _____

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Received By (Print Name & Title): _____

Signature: _____

Date Filed: _____ Time Filed: _____: _____ AM PM