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**SB-1375 - TITLE IX, HARASSMENT, INTIMIDATION, DISCRIMINATION, AND BULLYING COMPLAINT FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Alleged Incident \_\_\_\_\_ Where did the incident occur? \_\_\_\_\_

Individuals involved in complaint \_\_\_\_\_

\_\_\_\_\_

Please describe the events or conduct that are the basis of your complaint. Provide factual details possible such as (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation.

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I hereby authorize Lashon Academy to disclose the information I have provided, as it finds necessary, in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief. I further understand providing false information in this regard could result in disciplinary action up to and including termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or hand-deliver your complaint/documents to:

Sara Garcia, Director of Education  
7477 Kester Ave  
Van Nuys CA 91405  
[sgarcia@lashonacademy.org](mailto:sgarcia@lashonacademy.org)