

# San Diego Unified School District

## UNIFORM COMPLAINT FORM (AP 1700)

To: **Uniform Complaint Compliance Office**  
**4100 Normal Street, Room 2129**  
**San Diego, CA 92103**

From: Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_(cell) \_\_\_\_\_(home) \_\_\_\_\_(work)

Re: Student: \_\_\_\_\_ School: \_\_\_\_\_

### 1) A violation of federal or state law or regulation governing the following program(s):

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|--|--|
| <input type="checkbox"/> Adult Education (California <i>Education Code</i> [EC] sections [§§] 8500–8538, 52334.7, 52500–52616.4) | <input type="checkbox"/> Education of:   |
| <input type="checkbox"/> After School Education and Safety (EC §§ 8482–8484.65)  | <input type="checkbox"/> Foster Care Pupils  |
| <input type="checkbox"/> Agricultural Career Technical Education (EC §§ 52460–52462)   | <input type="checkbox"/> Homeless Pupils   |
| <input type="checkbox"/> American Indian Education Centers and Early Childhood Education Program Assessments (EC §§ 33380–33384) | <input type="checkbox"/> Former Juvenile Court Pupils now enrolled in a school district  |
| <input type="checkbox"/> Bilingual Education (EC §§ 52160–52178)   | <input type="checkbox"/> Children in Military Families (EC §§ 48645.7, 48853, 48853.5, 49069.5, 51225.1, 51225.2)                        |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers (EC Section [§] 44500)                      | <input type="checkbox"/> Every Student Succeeds Act/No Child Left Behind (20 United States Code [20 U.S.C.] §§ 6301 et seq.; EC § 52059) |
| <input type="checkbox"/> Career Technical and Technical Education, Career Technical, Technical Training (EC §§ 52300–52462)      | <input type="checkbox"/> Lactating Pupil, Reasonable Accommodations (EC § 222)   |
| <input type="checkbox"/> Career Technical Education (EC §§ 51226–51226.1)  | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) (EC § 52075, GC § 17581.6(f))                                     |
| <input type="checkbox"/> Child Care and Development (EC §§ 8200–8493)  | <input type="checkbox"/> Migrant Education (EC §§ 54440–54445)   |
| <input type="checkbox"/> Child Nutrition (EC §§ 49490–49570)   | <input type="checkbox"/> Physical Education Instructional Minutes (EC §§ 51210, 51223)   |
| <input type="checkbox"/> Compensatory Education (EC § 54400)   | <input type="checkbox"/> Pupil Fees (EC §§ 49010–49011)  |
| <input type="checkbox"/> Consolidated Categorical Aid (EC § 64000(a))  | <input type="checkbox"/> Regional Occupational Centers and Programs (EC §§ 52300–52334.7)  |
| <input type="checkbox"/> Course Periods without Educational Content (EC §§ 51228.1–51228.3)                                      | <input type="checkbox"/> School Safety Plans (EC §§ 32280–32289)   |
| <input type="checkbox"/> Economic Impact Aid (EC § 54000)  | <input type="checkbox"/> Special Education (EC §§ 56000–56865 and 59000–59300)   |
|  | <input type="checkbox"/> State Preschool (EC §§ 8235–8239.1)   |
|  | <input type="checkbox"/> Tobacco-Use Prevention Education (EC § 64000; California Health and Safety Code [HSC] § 104420)                 |

**2) Discrimination, harassment, intimidation and/or bullying in programs receiving state financial assistance based on actual or perceived characteristics:**

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|--|--|
| <input type="checkbox"/> age                         | <input type="checkbox"/> marital or parental status  |
| <input type="checkbox"/> ancestry                    | <input type="checkbox"/> medical condition   |
| <input type="checkbox"/> color                       | <input type="checkbox"/> nationality   |
| <input type="checkbox"/> disability – mental         | <input type="checkbox"/> national origin   |
| <input type="checkbox"/> disability – physical       | <input type="checkbox"/> sex – actual  |
| <input type="checkbox"/> ethnicity                   | <input type="checkbox"/> sex – perceived   |
| <input type="checkbox"/> ethnic group identification | <input type="checkbox"/> sexual orientation  |
| <input type="checkbox"/> gender                      | <input type="checkbox"/> race  |
| <input type="checkbox"/> gender expression           | <input type="checkbox"/> religion  |
| <input type="checkbox"/> gender identity             | <input type="checkbox"/> association with a person or group with one or more of the actual or perceived characteristics listed |
| <input type="checkbox"/> genetic information         |  |
| <input type="checkbox"/> immigration status          |  |

**NATURE OF COMPLAINT:** Describe the reason for your complaint. Include the specific allegations with names, dates, places, witnesses, etc. (Use additional paper if necessary.)

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Have you spoken to any district personnel regarding this complaint?      Yes      No  
If yes, provide the name (s) and brief summary of any results:

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