

San Diego Unified School District

UNIFORM COMPLAINT FORM

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)

Student: _____ School: _____

Complaint Against (name of person[s]): _____

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Education (California <i>Education Code</i> [EC] sections [§§] 8500–8538, 52334.7, 52500-52616.4) | <input type="checkbox"/> Lactating Pupil-Reasonable Accommodations (EC § 222) |
| <input type="checkbox"/> After School Education and Safety (EC §§ 8482–8484.65) | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) (EC § 52075, <i>Government Code</i> [GC] § 17581.6(f)) |
| <input type="checkbox"/> Agricultural Career Technical Education (EC §§ 52460–52462) | <input type="checkbox"/> Migrant Education (EC §§ 54440–54445) |
| <input type="checkbox"/> Career Technical and Technical Education, Career Technical, Technical Training-state (EC §§ 52300–52462) | <input type="checkbox"/> Physical Education Instructional Minutes (EC §§ 51210, 51223) |
| <input type="checkbox"/> Career Technical Education-federal (EC § 64000) | <input type="checkbox"/> Pregnant and Parenting Pupils-Accommodations (EC § 46015) |
| <input type="checkbox"/> Child Care and Development (EC §§ 8200–8493) | <input type="checkbox"/> Pupil Fees (EC §§ 49010–49011) |
| <input type="checkbox"/> Compensatory Education (EC § 54400) | <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 Plans For Student Achievement (EC § 64001) |
| <input type="checkbox"/> Education of Pupils in Foster Care, Pupils who are Homeless, former Juvenile Court Pupils now enrolled in a school district and Children of Military Families (EC §§ 48645.7, 48853, 48853.5, 49069.5, 51225.1, 51225.2) | <input type="checkbox"/> School Safety Plans (EC §§ 32280–32289) |
| <input type="checkbox"/> Every Student Succeeds Act (20 <i>United States Code</i> [20 U.S.C.] § 6301 et seq.; EC § 52059) | <input type="checkbox"/> Schoolsite Councils (EC § 65000) |
| | <input type="checkbox"/> State Preschool (EC §§ 8235–8239.1) |
| | <input type="checkbox"/> State Preschool Health And Safety Issues In LEAs Exempt From Licensing (EC §§ 8235.5(a), 33315, GC § 17581.6 (f)), <i>California Health and Safety Code</i> [HSC] § 1596.7925) |

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

- | | |
|--|--|
| <input type="checkbox"/> age | <input type="checkbox"/> immigration status |
| <input type="checkbox"/> ancestry | <input type="checkbox"/> marital or parental status |
| <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 | |

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

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

Signature: _____ Date: _____