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):

☐ Adult Education (California Education Code [EC] sections §§ 8500–8538, 52334.7, 52500–52616.4)

☐ After School Education and Safety (EC §§ 8482–8484.65)

☐ Agricultural Career Technical Education (EC §§ 52460–52462)


☐ Career Technical Education-federal (EC § 64000)

☐ Child Care and Development (EC §§ 8200–8493)

☐ Compensatory Education (EC § 54400)

☐ Course Periods without Educational Content (EC §§ 51228.1–51228.3)

☐ 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)


☐ Lactating Pupil-Reasonable Accommodations (EC § 222)

☐ Local Control and Accountability Plans (LCAP) (EC § 52075, Government Code [GC] § 17581.6(f))

☐ Migrant Education (EC §§ 54440–54445)

☐ Physical Education Instructional Minutes (EC §§ 51210, 51223)

☐ Pregnant and Parenting Pupils-Accommodations (EC § 46015)

☐ Pupil Fees (EC §§ 49010–49011)

☐ Regional Occupational Centers and Programs (EC §§ 52300–52334.7)

☐ School Plans For Student Achievement (EC § 64001)

☐ School Safety Plans (EC §§ 32280–32289)

☐ Schoolsite Councils (EC § 65000)

☐ State Preschool (EC §§ 8235–8239.1)

☐ State Preschool Health And Safety Issues In LEAs Exempt From Licensing (EC §§ 8235.5(a), 33315, GC § 17581.6 (f)), California Health and Safety Code [HSC] § 1596.7925)
2) Discrimination, harassment, intimidation and/or bullying in programs receiving state financial assistance based on actual or perceived characteristics:

- age
- ancestry
- color
- disability – mental
- disability – physical
- ethnicity
- ethnic group identification
- gender
- gender expression
- gender identity
- genetic information

- immigration status
- marital or parental status
- nationality
- national origin
- sex – actual
- sex – perceived
- sexual orientation
- race
- religion
- association with a person or group with one or more of the actual or perceived characteristics listed

**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: ___________________________