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):

☐ 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)
☐ American Indian Education Centers and Early Childhood Education Program Assessments (EC §§ 33380–33384)
☐ Bilingual Education (EC §§ 52160–52178)
☐ California Peer Assistance and Review Programs for Teachers (EC Section [§] 44500)
☐ Career Technical Education (EC §§ 51226–51226.1)
☐ Child Care and Development (EC §§ 8200–8493)
☐ Child Nutrition (EC §§ 49490–49570)
☐ Compensatory Education (EC § 54400)
☐ Consolidated Categorical Aid (EC § 64000(a))
☐ Course Periods without Educational Content (EC §§ 51228.1–51228.3)
☐ Economic Impact Aid (EC § 54000)

☐ Education of:
☐ Foster Care Pupils
☐ Homeless Pupils
☐ Former Juvenile Court Pupils now enrolled in a school district
☐ Children in 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, GC § 17581.6(f))
☐ Migrant Education (EC §§ 54440–54445)
☐ Physical Education Instructional Minutes (EC §§ 51210, 51223)
☐ Pupil Fees (EC §§ 49010–49011)
☐ Regional Occupational Centers and Programs (EC §§ 52300–52334.7)
☐ School Safety Plans (EC §§ 32280–32289)
☐ Special Education (EC §§ 56000-56865 and 59000–59300)
☐ State Preschool (EC §§ 8235–8239.1)
☐ 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:

☐ age
☐ ancestry
☐ color
☐ disability – mental
☐ disability – physical
☐ ethnicity
☐ ethnic group identification
☐ gender
☐ gender expression
☐ gender identity
☐ genetic information
☐ immigration status
☐ marital or parental status
☐ medical condition
☐ 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.)

_________________________________________________________________________________________
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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:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature: _______________________________________________  Date: __________________________