

San Diego Unified School District
UNIFORM COMPLAINT FORM 1700-01
 (Reference: District Administrative Procedure 1700)

TO: LEGAL SERVICES
 4100 Normal Street, Room 2148
 San Diego, California 92103-2682

FROM: Name(s) _____

Address _____ Zip Code _____

Telephone (Home) _____ (Work) _____

PROGRAM (S) CONCERNED (please check below):

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

- ___ Adult Education (Education Code Sections 8500-8538 and 52500-52616.5)
- ___ Child Nutrition (Education Code Sections 49490-49560)
- ___ Child Care and Development (Education Code Sections 8200-8493)
- ___ Consolidated Categorical Aid (Education Code Section 64000(a))
- ___ Migrant Education (Education Code Sections 54440-54445)
- ___ Special Education (Education Code Sections 56000-56885 and 59000-59300)
- ___ Vocational Education (Education Code Sections 52300-52480)
- ___ No Child Left Behind Act (school safety planning, 20 U.S.C. Section 7114(d)(7))
- ___ Local Control and Accountability Plan (Education Code Section 52075)

OR

2) ___ Discrimination, harassment, intimidation and bullying in programs receiving state financial assistance based on one of the following actual or perceived characteristics:

- | | |
|---------------------------------|--|
| ___ Ethnic group identification | ___ Sexual orientation |
| ___ Religion | ___ Race |
| ___ Age | ___ Ancestry |
| ___ Gender | ___ National origin |
| ___ Nationality | ___ Ethnicity |
| ___ Sex | ___ Physical or mental disability |
| ___ Color | ___ Actual or perceived sex |
| ___ Gender Expression | ___ Gender identity |
| ___ Disability | ___ Association with person/group listed above |

NATURE OF COMPLAINT. (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint. Attach additional sheets, if necessary.):
