

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)
Email address: _____
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.)

What is your desired outcome from this complaint? _____

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: _____