

Los Angeles Unified School District Uniform Complaint Procedures Form

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Address _____ Apt./Suite # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Date of Alleged Violation(s) _____

School/Office of Alleged Violation(s) _____

For noncompliance allegations, check the program or activity referred to in your complaint if applicable:

<input type="checkbox"/> Adult education	<input type="checkbox"/> After School Education & Safety	<input type="checkbox"/> Agricultural Career Technical Education	<input type="checkbox"/> American Indian Education Centers and Early Childhood Education Program Assessments	<input type="checkbox"/> Bilingual Education
<input type="checkbox"/> California Peer Assistance & Review Programs for Teachers	<input type="checkbox"/> Career Technical & Technical Education and Career Technical; Technical Training (State)	<input type="checkbox"/> Career Technical Education (Federal)	<input type="checkbox"/> Child Care & Development	<input type="checkbox"/> Child Nutrition
<input type="checkbox"/> Compensatory Education	<input type="checkbox"/> Consolidated Categorical Aid	<input type="checkbox"/> Course Periods without Educational Content	<input type="checkbox"/> Economic Impact Aid	<input type="checkbox"/> Education of Pupils in Foster Care, Pupils who Are Homeless, former Juvenile Court Pupils now Enrolled in the District & Children of Military Families
<input type="checkbox"/> Every Student Succeeds Act/No Child Left Behind (Titles I-VII)	<input type="checkbox"/> Local Control & Accountability Plans (LCAP)	<input type="checkbox"/> Migrant Education	<input type="checkbox"/> Physical Education Instructional Minutes	<input type="checkbox"/> Pupil Fees
<input type="checkbox"/> Reasonable Accommodations to a Lactating Pupil	<input type="checkbox"/> Regional Occupational Centers and Programs	<input type="checkbox"/> School Safety Plans	<input type="checkbox"/> Special Education	<input type="checkbox"/> State Preschool
<input type="checkbox"/> Tobacco-Use Prevention Education				

For complaints of unlawful discrimination, harassment, intimidation or bullying (employee-to-student, student-to-student, third party to student, employee-to-third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected groups upon which the alleged conduct was based:

- Sex
- Gender Identity
- Ethnic Group Identification
- Nationality
- Color
- Association with a person or group with one or more of the actual or perceived groups listed here
- Sexual Orientation
- Gender Expression
- Race or Ethnicity
- National Origin
- Mental or Physical Disability
- Gender
- Ancestry
- Religion
- Immigration Status
- Lactating Student
- Age

For bullying complaints not based on protected groups and other complaints not listed on this form, contact your school Title IX/Bullying Complaint Manager, Site Administrator or Local District Administrator of Operations. For complaints of employee-to-employee discrimination or harassment, contact the District’s Equal Opportunity Section at (213) 241-7685.

