

Los Angeles Unified School District Uniform Complaint Procedures Form

Complainant Last Name _____ Complainant 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(s) of Alleged Violation(s) _____

School/Office of Alleged Violation(s) _____

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

<input type="checkbox"/> Adult education §§ 8500-8538, §§52500-52617	<input type="checkbox"/> Consolidated categorical aid listed in §64000(a)	<input type="checkbox"/> Migrant child education §§54440-54445	<input type="checkbox"/> Career technical & technical education & career technical & technical training §§52300-52462	<input type="checkbox"/> Child care & development §§8200-8498
<input type="checkbox"/> Lactation accommodations §222	<input type="checkbox"/> Educational rights of foster youth §§48853, 48853.5, 49069.5, and graduation requirements for foster, homeless & other youth (former juvenile court pupils, children of military families, migratory pupils, newcomers) §51225.1	<input type="checkbox"/> Pupil fees §§49010-49013	<input type="checkbox"/> Courses of study without educational content §51228.3	<input type="checkbox"/> Physical education instructional minutes §51223
<input type="checkbox"/> Local Control & Accountability Plans (LCAP) §52075	<input type="checkbox"/> Juvenile court schools, including former students §48645.7	<input type="checkbox"/> School safety plans §32289	<input type="checkbox"/> Deficiencies related to preschool health & safety issues for a CA state preschool §8235.5	<input type="checkbox"/> Any other state/federal educational program the Superintendent of Public Instruction deems appropriate

For complaints of unlawful discrimination, harassment, intimidation or bullying of protected groups (employee-to-student, student-to-student, student-to-employee, third party to a 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
- Sexual Orientation
- Gender
- Ancestry
- Religion
- Immigration Status
- Lactating Student
- Age

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

For additional assistance, contact your Local District:

- Northeast (818) 252-5400
- Northwest (818) 654-3600
- South (310) 354-3400
- East (323) 224-3100
- West (310) 914-2100
- Central (213) 241-0126

