

# CENTRAL UNION HIGH SCHOOL DISTRICT

## Uniform Complaint Form

### I. Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

### II. Complainant

You are filing this complaint on behalf of:  
 Parent/Guardian  Pupil  Witness to the Incident

### III. School Information

School Name: \_\_\_\_\_  
 Principal: \_\_\_\_\_

### IV. Basis of Complaint

District violation of state or federal law or regulations governing:

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Education                   | <input type="checkbox"/> Child Care & Development              |
| <input type="checkbox"/> Career/Technical Education        | <input type="checkbox"/> Pupil Fees for Educational Activities |
| <input type="checkbox"/> Special Education                 | <input type="checkbox"/> Migrant Education                     |
| <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> Child Nutrition                       |
| <input type="checkbox"/> Consolidated Categorical Aid      | <input type="checkbox"/> Other _____                           |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Age   | <input type="checkbox"/> Nationality   |
| <input type="checkbox"/> Ancestry  | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Color   | <input type="checkbox"/> Race or Ethnicity   |
| <input type="checkbox"/> Physical or Mental Disability <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Religion  |
| Identification <input type="checkbox"/> Gender Expression                                    | <input type="checkbox"/> Sex   |
| <input type="checkbox"/> Gender Identity   | <input type="checkbox"/> Sexual Harassment (Title IX)                                      |
| <input type="checkbox"/> Gender  | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Genetic Information   | <input type="checkbox"/> Association with any of these actual or perceived characteristics |
| <input type="checkbox"/> Marital or Parental Status  |  |

Allegations of noncompliance of the following:

- Bullying that is not based on the above listed protected classes
- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please describe the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention and location(s) where the incident(s) occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the individuals involved in the incident(s) complaint of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any witnesses to the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps, if any, have you taken to resolve this issue before filing a complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Filing Complaint

Date

Please submit this complaint to:

**Superintendent's Office**

351 Ross Ave  
El Centro, CA 92243  
Fax (760) 353-3606

