Laguna Beach Unified School District Uniform Complaint Form

In accordance with the District's Uniform Complaint Procedures (BP 1312.3), each school site shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination, harassment, intimidation and bullying against any protected group (Education Code §§ 200 and 220), sexual harassment, and violations of federal and state laws or regulations governing certain educational programs (enumerated in Title 5 CCR 4610) The complaint and response are public documents as provided by statute. Complaints may be filed anonymously. However, if you wish to receive a response to your complaint, you must provide the following contact information.

Response requested: Yes No	
Name (Optional):	_ Phone Number (Optional):
Mailing Address (Optional):	
You are filing this complaint on behalf of:	
□ your child or a (student)	□ another student □ a group
Please check the following box(s), based on the bullying experienced(Education Code §§ 200 &	e type(s) of discrimination, harassment, intimidation, and/or 220):
□ Actual/Perceived Sexual Orientation	□ Ancestry
□ Actual or Perceived Gender/ Gender Expression	☐ Mental or physical disability
□ Ethnicity	□ Age
□ Race	☐ Sexual Harassment
□ National Origin	□ Color
□ Religion	□ Sex (Title IX)
□ Association with any of these categories OR	
Please check the following box(s), based on the federal laws or regulations was violated (Title 5)	e type(s) of programs where the violation of state and/or 5 CCR 4610):
☐ Adult Education (Education Code Sections 8500-8	·
	ng Programs (Education Code Sections 52300-52480)
☐ The Local Control and Accountability Plan (Educating Child Nutrition (Education Code Sections 49490-4	
☐ Child Natifition (Education Code Sections 49490-4	•
□ Consolidated Categorical Aid (Education Code Sec	•
□ Special Education (Education Code Sections 5600	
□ Vocational Education (Education Code Sections 52	·
☐ Safety Planning Requirements (Education Code S	-
Please answer the following questions to the best	of your ability. Attach additional sheets of paper if you need
more space.	
Date of Problem:	
Location of Problem (School Name, Address, and R	oom or Location):

Describe the incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:	
List the individuals involved in the incident(s):	
List any witnesses to the incident(s):	
Describe the location where the incident(s) occurred	d:
Please list all the date(s) and times when the incider attention:	nt(s) occurred or when the alleged acts first came to your
What steps, if any, have you taken to resolve this iss	ue before filing a complaint?
Signature of person filling out the complaint	Date
Complaints must be submitted to the office of the Assista Communication, Laguna Beach Unified School District, 5	
(Offic	e use only)
Received By:	Date Filed:
Title:	