

## 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: \_\_\_\_\_

- yourself       your child or a (student)       another student       a group

➤ Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation, and/or bullying experienced (Education Code §§ 200 & 220):

- |   |  |
|---|--|
| <input type="checkbox"/> Sexual Orientation                       | <input type="checkbox"/> Ancestry                      |
| <input type="checkbox"/> Gender                                   | <input type="checkbox"/> Mental or physical disability |
| <input type="checkbox"/> Ethnicity                                | <input type="checkbox"/> Age                           |
| <input type="checkbox"/> Race                                     | <input type="checkbox"/> Sexual Harassment             |
| <input type="checkbox"/> National Origin                          | <input type="checkbox"/> Color                         |
| <input type="checkbox"/> Religion                                 | <input type="checkbox"/> Sex (Title IX)                |
| <input type="checkbox"/> Association with any of these categories |  |

OR

➤ Please check the following box(s), based on the type(s) of programs where the violation of state and/or federal laws or regulations was violated (Title 5 CCR 4610):

- Adult Education (Education Code Sections 8500-8538 and 52500-52616.5)
- Career Technical and Technical Education/ Training Programs (Education Code Sections 52300-52480)
- The Local Control and Accountability Plan (Education Code Sections 52060-52077)
- Child Nutrition (Education Code Sections 49490-49560)
- Child Care and Development (Education Code Sections 8200-8493)
- Consolidated Categorical Aid (Education Code Section 64000(a))
- Special Education (Education Code Sections 56000-56885 and 59000-59300)
- Vocational Education (Education Code Sections 52300-52480)
- Safety Planning Requirements (Education Code Sections 32280-32289)

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 Room or Location):

\_\_\_\_\_

**Describe** the incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:

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List the **individuals** involved in the incident(s):

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List any **witnesses** to the incident(s):

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Describe the **location** where the incident(s) occurred:

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Please list **all the date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

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

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\_\_\_\_\_  
Signature of person filling out the complaint

\_\_\_\_\_  
Date

Complaints must be submitted to the office of the Director, Human Resources and Public Communication, Laguna Beach Unified School District, 550 Blumont St., Laguna Beach, CA 92651.

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*(Office use only)*

Received By: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Title: \_\_\_\_\_