

**VENTURA UNIFIED SCHOOL DISTRICT
Request for Review/Complaint Form
Addendum**

I am a: Parent/Guardian _____ Employee _____ Student _____ Other _____

Name: _____ Cell Phone _____

Address: _____ City _____ Zip Code _____

Email address: _____ Date of alleged violation _____

School/Office: _____ Grade (if student): _____

For allegations of noncompliance of state or federal laws governing educational programs, please check the program or activity referred to in your complaint, if applicable:

- Adult Education
- After School Education & Safety
- Agricultural Vocational Education
- American Indian & Early Childhood Ed Program Assessments
- Bilingual Education
- California Peer Assistance & Review Programs for Teachers
- Career Technical Education & Training
- Child Care & Development (including state preschool)
- Consolidated Categorical Aid/Economic Impact Aid
- English Learner programs
- Federal Education programs in Title I-VII
- Former Juvenile Court Students re: credits/graduation requirements
- Foster and Homeless Youth
- Instruction: Courses without Educational Content or Previously Completed Courses
- Local Control Accountability Plan
- Migrant Education
- Child Nutrition Services
- Physical Education – Instructional Minutes
- Pupil Fees
- Regional Occupational Programs
- School Safety Plans
- Special Education/Compensatory Education
- Student Lactation Accommodations
- Tobacco Use Prevention

For complaints alleging discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Age |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Marital, Pregnancy or Parental Status | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | | |