



Simi Valley Unified School District Uniform Complaint Reporting Form

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures to address complaints alleging unlawful discrimination such as discriminatory harassment, intimidation, or bullying against any protected group, complaints alleging violation of state or federal laws governing educational programs, the charging of unlawful pupil fees, and the non-compliance of our Local Control and Accountability Plan (LCAP).

To be checked by complainant:

- Parent/Guardian Student District Employee Other

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Date of Alleged Violation _____ School/Office of Alleged Violation _____

You are filing this complaint on behalf of:

- Yourself Your Child or a (Student) Another Student A Group

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:

- | | |
|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Instruction: Course Periods without Educational content or Previously Completed Courses |
| <input type="checkbox"/> After School Education & Safety | <input type="checkbox"/> Local control Accountability Plan |
| <input type="checkbox"/> Agricultural Vocational Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> California State Preschool Programs | <input type="checkbox"/> Physical Education - Instructional Minutes |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Child Nutrition Services | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Federal Career Technical Education | <input type="checkbox"/> School Plan for Student Achievement |
| <input type="checkbox"/> Federal Every Student Succeeds Act | <input type="checkbox"/> Compensatory Ed |
| <input type="checkbox"/> Foster and Homeless Youth | <input type="checkbox"/> Student Lactation Accommodations |
| <input type="checkbox"/> Former Juvenile Court School Student, child of military family, migrant, newly arrive immigrant re credits/graduation req. | |

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"/> Medical Condition | |
| | <input type="checkbox"/> Marital, Pregnancy or Parental Status | <input type="checkbox"/> Lactating Student |
- Association with a person or group with one or more of the actual or perceived categories listed above

