



Cajon Valley Union School District Uniform Complaint Procedures Form

Last Name: _____ First Name: _____

Student Name (if applicable): _____ Grade: _____

Address: _____ Apt. # _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Accommodations for pregnant and parenting pupils | <input type="checkbox"/> Every Student Succeeds Act (ESSA) |
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) |
| <input type="checkbox"/> After-school education and safety | <input type="checkbox"/> Migrant education |
| <input type="checkbox"/> California Peer Assistance and Review (PAR) programs for teachers | <input type="checkbox"/> Physical education instructional minutes |
| <input type="checkbox"/> Childcare and development | <input type="checkbox"/> Pupil fees |
| <input type="checkbox"/> Child nutrition | <input type="checkbox"/> Reasonable accommodations to a lactating pupil |
| <input type="checkbox"/> Compensatory education | <input type="checkbox"/> School Plans for Student Achievement (SPSA) |
| <input type="checkbox"/> Consolidated categorical aid | <input type="checkbox"/> School safety plans |
| <input type="checkbox"/> Course periods without educational content | <input type="checkbox"/> School-site councils |
| <input type="checkbox"/> Education of pupils in foster care, pupils who are homeless, former juvenile court pupils now enrolled in a school district, and pupils of military families | <input type="checkbox"/> State preschool |
| | <input type="checkbox"/> Tobacco-Use Prevention Education (TUPE) |

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

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> actual or perceived sex | <input type="checkbox"/> sexual orientation | <input type="checkbox"/> gender |
| <input type="checkbox"/> gender identity | <input type="checkbox"/> gender expression | <input type="checkbox"/> marital or parental status |
| <input type="checkbox"/> sexual identification | <input type="checkbox"/> sexual harassment | <input type="checkbox"/> ancestry |
| <input type="checkbox"/> ethnic group identification | <input type="checkbox"/> race or ethnicity | <input type="checkbox"/> religion |
| <input type="checkbox"/> nationality | <input type="checkbox"/> national origin | <input type="checkbox"/> age |
| <input type="checkbox"/> color | <input type="checkbox"/> mental or physical disability | <input type="checkbox"/> genetic information |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | | |

For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the Title IX/Bullying Complaint Manager or School Principal.

(over)

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you attempted to discuss your complaint with any Cajon Valley Union School District personnel? If so, with whom and what was the result?

3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes No

Signature: _____ Date: _____

If you have contacted your school but still need assistance, referrals, or resources, please contact:

Karen Minshew
Assistant Superintendent, Educational Services
Cajon Valley Union School District
750 E. Main Street
El Cajon, CA 92020
Fax: (619) 579-4800