

Los Angeles Unified School District Uniform Complaint Procedures Form

Last Name _____ First Name _____

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

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"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | |
| <input type="checkbox"/> Local Control Accountability Plan | | |

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"/> 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"/> 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, School Principal, or the Operations Coordinator in your Educational Service Center (ESC).

Educational Service Centers:

- | | | | |
|--------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> North (818) 654-3670 | <input type="checkbox"/> West (310) 914-2110 | <input type="checkbox"/> East (323) 224-3177 | <input type="checkbox"/> South (310) 354-3417 |
| <input type="checkbox"/> Intensive Support & Innovation Center (ISIC) (213) 241-0178 | | | |

If you have contacted your school and your Educational Service Center but still need assistance, referrals, or resources, please phone the Educational Equity and Compliance Office at (213) 241-7682 and ask to speak with an administrator.

