



Santa Ana Unified School District Uniform Complaint Procedures Form

Complainant Last Name: _____ Complainant First Name: _____
Student Name (if applicable): _____ Grade: _____ Date of Birth: _____
Street Address/ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Message Phone: _____
Date and School/Office of Alleged Violation: _____

Please check the item that applies to this complaint

For applicable state and federal programs:

- | | |
|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career and Technical Training | <input type="checkbox"/> Nutrition Programs |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Special Education |

For allegation(s) of unlawful discrimination, harassment, intimidation, or bullying based on actual or perceived characteristics of:

- | | | |
|---|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender identity, Gender expression | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ethnic group identification | <input type="checkbox"/> Marital or Parental Status | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> National origin | |
| <input type="checkbox"/> Or, on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics. | | |

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc. Attach additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I have attached supporting documents. ☐ Yes ☐ No

Signature: _____ Date: _____

Assistant Superintendent, Personnel Services
Santa Ana Unified School District
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