



Santa Ana Unified School District

Uniform Complaint Procedures

Complaint 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: _____ Cell Phone: _____
 Date of Alleged Violation _____ School/Office of Alleged Violation: _____

Please check the item that applies to this complaint

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | |
|---|--|
| <input type="checkbox"/> Career/Technical Education and Career/Technical Training | <input type="checkbox"/> Local Control Accountability Plan (LCAP) |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Every Student Succeeds Act/NCLB | <input type="checkbox"/> Physical Education Instructional Minutes for Elementary Education |
| <input type="checkbox"/> Child Nutrition Services | <input type="checkbox"/> Pupil Fees for Educational Activities |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Courses without Educational Content | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Education for Foster Youth | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Education for Homeless Children | |

For allegation(s) of unlawful discrimination (such as discriminatory harassment, intimidation, or bullying):

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Lactating Student | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Nationality | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Association with a person or group with one or more of the above actual or perceived characteristics. | | |

Other: _____

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.

2. Have you discussed your complaint or brought your complaint to any Santa Ana Unified School District personnel? If you have, to whom did you take the complaint, 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: _____

Mail complaint and any relevant documents to:

Assistant Superintendent, Human Resources
Santa Ana Unified School District
1601 East Chestnut Avenue
Santa Ana, CA 92701-6322
Telephone : 714-558-5792