

Compton 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 _____

Email Address _____

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"/> Child Care & Development |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Regional Occupational Centers/Prog. | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> School Site Council | <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> After School Education/Safety | <input type="checkbox"/> Agricultural Vocational Education | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> Physical Education Minutes | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Reasonable Accommodation to a lactating Pupil | |
| <input type="checkbox"/> Education and graduation requirement for pupil in foster care/homeless and pupils from military families | | |
| <input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training Programs | | |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education | | |
| <input type="checkbox"/> State Preschool Health and Safety Issues in LEAs Exempt from Licensing | | |
| <input type="checkbox"/> Accommodation for Pregnant and Parenting Pupils | | |

For complaints of 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"/> Ancestry |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Pregnancy Status |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Medical Information | <input type="checkbox"/> Parental Status |
- 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 characteristics, and other complaints not listed on this form, please contact your school principal or District Title IX/Bullying Complaint

