

Uniform Complaint Procedures COMPLAINT FORM

I. Contact Information

Last Name: _____ First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of:

Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: _____

Grade: _____ Principal: _____

IV. Basis of Complaint (check any boxes that apply)

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

- | | |
|--|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Foster and Homeless |
| <input type="checkbox"/> Title II | <input type="checkbox"/> ESSA |
| <input type="checkbox"/> Section 504 of the Rehabilitation Act | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> Career Technical Education |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Bilingual Education |

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"/> Physical or Mental Disability |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Marital or Parental Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Harassment (Title IX) |
| <input type="checkbox"/> Association with any of these actual perceived characteristics | |

Allegations of noncompliance of the following:

- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention and location(s) where the incident(s) occurred:

List the **individuals** involved in the incident(s) complaint of:

List any **witnesses** to the incident(s):

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of Person Filing Complaint

Date

Please submit this complaint to:
Port of Los Angeles High School
Attn: Principal Tom Scotti
250 W. 5th St.
San Pedro, CA 90731