

# San Gabriel 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:

- Adult Education
- Career/Technical Education
- After School Education/Safety
- Local Control Accountability Plan
- Physical Education Minutes
- Courses Without Educational Content
- Consolidated Categorical Aid
- Child Care & Development
- Pupil Fees for Educational Activities
- Every Student Succeeds Act
- Foster Youth/Homeless
- Migrant Education
- Child Nutrition
- Special Education
- School Safety Plans

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:

- Sex
- Gender Identity
- Ethnic Group Identification
- Nationality
- Color
- Association with a person or group with one or more of the actual or perceived categories listed above
- Sexual Orientation
- Gender Expression
- Race or Ethnicity
- National Origin
- Mental or Physical Disability
- Gender
- Ancestry
- Religion
- Age
- Lactating Student

***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 School Principal.***

If you have contacted your school but still need assistance, referrals, or resources, please phone:

Director of Student Services  
(626) 451-5482

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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2. Have you attempted to discuss your complaint with any San Gabriel Unified School District personnel? If so, with whom and what was the result?

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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 or fax your complaint/documents to:

Venecia Lizarzaburu
Director of Special Projects
San Gabriel Unified School District
408 Junipero Serra Drive
San Gabriel, CA 91776
(626) 451-5445