Uniform Complaint Policy Form

TO: Saddleback Valley Unified School District Assistant Superintendent, Human Resources 25631 Peter A. Hartman Way Mission Viejo, CA 92631 Phone: (949) 580-3217 Fax: (949) 586-4378

FROM: Name(s)	
Address	
Telephone (Home)	(Other)
TYPE OF COMPLAINT (please check below	v):
A) Discrimination, harassment, intimida classes:	tion or bullying based on one of the following protected
ReligionAgeGenderColorGender expressionSexSexual orientationGender identity	Marital or parental status Race Ancestry National origin Nationality Mental or physical disability Ethnicity
OR	
B) A violation of federal or state law or a Adult Education (Education Code Sections Career Technical and Technical Education Sections 52300-52480) Child Nutrition (Education Code Sections Child Care and Development (Education Code Sections) Consolidated Categorical Aid (Education Code Sections) Special Education (Education Code Section Vocational Education (Education Code Sections)	Training Programs (Education Code 49490-49560) Code Sections 8200-8493) Code Section 64000(a)) ons 56000-56885 and 59000-59300)

OR

C) A violation of state law regarding a "pupil fee" that is required for participation in an educational activity offered by a California public school as a result of:
 Fee charged as a condition for registration or participation for school, a class, or extracurricular activity (whether or not the activity or class is compulsory, elective, or for course credit) Security deposits or other payments required to obtain materials or equipment including, but not limited to, a lock, locker, book, class apparatus, musical instrument, uniform, etc. Required purchases for educational activities to obtain materials, supplies, equipment or uniforms associated with an educational activity Miscellaneous/other fees or charges in violation of Article 5.5 (commencing with Section 49010) of Title 2 of the California Education Code, regarding prohibition of pupil fees for participation in educational activities
Complaints filed under C) alleging a violation of state law regarding "pupil fee" may be filed anonymously and therefore, will not receive a written response. Please check if you are filing anonymously:
I do not request a copy of the written response. I am filing anonymously.
NATURE OF COMPLAINT: (This should be a description in your own words, with as much detail as possible, of the grounds of your complaint, including all names, dates, places, and/or description of required fees/payments/purchases necessary for a complete understanding of your complaint. Attach additional sheets, if necessary.)
Have you spoken with any District staff regarding this complaint?Yes No If so, what are their names? Note: <i>This is not a requirement prior to filing a complaint.</i>

What was the result of the discussion?		
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Remedy Sought: Please indicate what ren	medy you are seeking to resolve your complaint.	
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Remedy Sought: Please indicate what rem		
Signature:		
Signature: DISTRICT USE ONLY:	Date:	
Signature: DISTRICT USE ONLY: complaint received:	Date:	
Signature:	Date:	
Signature: DISTRICT USE ONLY: complaint received: ict staff member who received complaint: complaint forwarded to Compliance Office	Date:	