



School District

33122 Valle Road • San Juan Capistrano, CA 92675 • Phone: (949) 234-9200 • www.capousd.org

Uniform Complaint Form

To:

Uniform Complaint Officer

Capistrano Unified School District 33122 Valle Road San Juan Capistrano, CA 92675

Phone: (949) 234-9200 Fax: (949) 487-1453

From:

Name	
Address	
City, State, ZIP Code	
Phone (cell)	
Phone (other)	
E-Mail	

PROGRAM(S) CONCERNED (Please check below)

____ Discrimination or harassment in programs receiving state financial assistance based on one of Α. the following protected classes:

Race/Ethnicity	Color	□ Ancestry
Nationality	National Origin	□ Ethnic Group Identification
Immigration Status	🖵 Age	C Religion
Marital or Parental Status	D Physical or Mental Disability	Sex Sex
Sexual Orientation	Gender	Gender Identity
Gender Expression	Genetic Information	□ Other

OR

B. ____ A violation of federal or state law or regulation governing the following program(s):

After School Education/Safety	Course Periods w/o Ed. Content	PE Instructional Minutes
American Indian Ed. Centers	Early Childhood Education/Assessments	D Pupil Fees
Bilingual Education	Education of: Foster; Homeless, Military; Juvenile Court School Students	Reasonable Accommodations – Lactating Pupil
Career Technical/Tech Ed. Training	English Learner Programs	Regional Occupational Centers
Child Care and Development	□ Every Student Succeeds Act (Titles I – VII)	School Safety Plans
Child Nutrition	LCAP	State Preschool
Compensatory Education	Migrant Education	□ Tobacco-Use Prevention Education
Consolidated Categorical Aide	D Peer Assistance and Review for Teachers	□ Other

NATURE OF COMPLAINT: (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint. Attach additional sheets, if necessary.)

Have you spoken with any District staff regarding this complaint?
Q Yes Q No

If so, what are their names?

What was the result of the discussion?

Please provide a signature below. All complaints should be dated.

Signature(s)	
Date	

____/___/____

For District Use Only

Date complaint was received

District staff member who received the complaint

Title of District staff member who received the complaint

Date complaint was forwarded to Uniform Complaint Officer