



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)

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

<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Color	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Nationality	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ethnic Group Identification
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Age	<input type="checkbox"/> Religion
<input type="checkbox"/> Marital or Parental Status	<input type="checkbox"/> Physical or Mental Disability	<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"/> Genetic Information	<input type="checkbox"/> Other

OR

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

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

NATURE OF COMPLAINT: (This should be a description in your own words of the grounds of your

