



La Habra City School District
Uniform Complaint Form

I. Contact Information:

Last Name: _____ First Name: _____
Address: _____ Apt.#: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/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: _____

IV. Basis of Complaint

District violation of state or federal law or regulations governing:

- | | |
|--|---|
| <input type="checkbox"/> Accommodations for Pregnant and Parenting Pupils | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Local Control Accountability Plans (LCAP) |
| <input type="checkbox"/> After-School Education and Safety | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Agricultural Career Technical Education | <input type="checkbox"/> Physical Education Instructional Minutes |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> School Plans for Student Achievement |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> School Site Councils |
| <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> Discrimination, Harassment, Intimidation, or Bullying | |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

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

Allegations of noncompliance of the following:

- Bullying that is not based on the above listed protected classes
 Retaliation against 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



La Habra City
School District

La Habra City School District Uniform Complaint Form

- Reasonable accommodations to a lactating student
- Prohibition against requiring students to pay fees, despotism, or other charges for participation in educational activities
- Foster youth regarding placement
- Homeless student as defined in 42 USC 1143a
- Assignment of a student to a course without educational content for more than one week in any semester or to a course the student has previously satisfactorily completed without meeting specified conditions
- Physical education instructional minutes
- Retaliation against a complainant or other participant in the complaint process
- Any other complaint as specified in a District policy

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.

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 alleged 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:

Associate Superintendent
La Habra City School District
500 N. Walnut Street
La Habra, CA 90631
T: (562) 690-2302