

LEMON GROVE SCHOOL DISTRICT

UNIFORM COMPLAINT FORM

(Reference: District Board Policy No. 1312.3)

TO: Lemon Grove School District
 Attn: Asst. Superintendent, Educational Services
 8025 Lincoln Street
 Lemon Grove, CA 91945-2515 • 619-825-5600

FROM: Name(s) _____
 Address _____
 City _____ Zip _____
 Home Phone _____ Work Phone _____

PROGRAM(S) CONCERNED (Please check below):

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

Accommodations for Pregnant and Parenting Pupils, Student Lactation Accommodations & LGBTQ Resources	Every Student Succeeds Act (including compensatory education, migrant education, school safety plans)
Adult Education	Local Control Accountability Plans (LCAPs): Content or Procedures
After School Education & Safety	Local Control Accountability Plans (LCAPs): Fiscal
Agricultural Career Technical Education	Nutrition Services Physical Education Instructional Minutes
Career Technical and Technical Education; Career Technical; Technical Training; (State) and Career Technical Education (Federal) and Regional Occupational Centers and Programs	Unlawful Pupil Fees
Child Care and Development (Including State Preschool)	School Facilities (for Williams Complaints)
Course Periods without Educational Content	School Plans for Student Achievement
Discrimination, Harassment, Intimidation, Bullying	School Site Councils
Education of Pupils in Foster Care, Pupils who are Homeless, and former Juvenile Court Pupils now enrolled in a school district & Pupils from Military families	State Preschool Health & Safety Issues in LEAs Exempt from Licensing Tobacco Use Prevention Education

NATURE OF COMPLAINT (Please describe in your own words the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of the complaint. Additional pages may be attached.)

NOTE: You may use additional pages to describe your complaint more fully if you so desire.

Have you spoken with any District personnel regarding this complaint? ____yes____no

If so, what are their names? _____

What was the result of the discussion? _____

Complainant Signature

Date Signed

Complaint form may be submitted to the Lemon Grove School District Office, 8025 Lincoln Street, Lemon Grove, CA 91945

Rev 2019-06

The Lemon Grove School District prohibits discrimination, harassment, intimidation, and bullying, based on actual or perceived race, color, ancestry, national origin, nationality, ethnicity, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or association with a person or group with one or more of these actual or perceived characteristics, at any district school or school activity.

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-For Office Use-

COMPLAINT RESOLUTION FORM
(Reference: District Board Policy 1312.3)

STEP 1: ACTION TAKEN BY EMPLOYEE/PROGRAM SUPERVISOR: (Findings of Fact)	Date Complaint Resolution Received _____ Deadline Date for Report of Findings _____
	<input type="checkbox"/> Complaint Dismissed/Withdrawn <input type="checkbox"/> Resolved by Employee/Supervisor <input type="checkbox"/> Referred to Compliance Officer
_____ Signature of Supervisor	_____ Date

STEP 2 : COMPLIANCE OFFICER'S FINDINGS AND ACTION:	Date Complaint Resolution Received _____ Deadline Date for Report of Findings _____
	<input type="checkbox"/> Complaint Dismissed/Withdrawn <input type="checkbox"/> Resolved by Compliance Officer and Complainant <input type="checkbox"/> Referred to Superintendent
_____ Signature of Compliance Officer	_____ Date

STEP 3: SUPERINTENDENT'S FINDINGS AND ACTION:	Date Complaint Resolution Received _____ Deadline Date for Report of Findings _____
	<input type="checkbox"/> Complaint Dismissed/Withdrawn <input type="checkbox"/> Resolved by Superintendent and Complainant <input type="checkbox"/> Referred to Governing Board
_____ Signature of Superintendent	_____ Date

STEP 4: GOVERNING BOARD ACTION:	Date Complaint Resolution Received _____ Deadline Date for Report of Findings _____
_____ Date of Meeting	