

**NORWALK-LA MIRADA UNIFIED SCHOOL DISTRICT
UNIFORM COMPLAINT PROCEDURES (UCP) FORM**

The Board of Education encourages the early, informal resolution of complaints at the school site level. Report all alleged violations by Norwalk-La Mirada Unified School District of federal or state laws or regulations governing educational programs, including allegations of unlawful discrimination, harassment, intimidation, bullying and non-compliance with laws relating to pupil fees. Complaints may be made to the school site administrator or the Director of Human Resources. Written complaints may be sent to the Director of Human Resources via mail or hand-delivered to the District office, Division of Human Resources, at 12820 Pioneer Blvd., Norwalk, CA 90650. All investigations into alleged violations by Norwalk-La Mirada Unified School District shall be made in accordance with Board Policy/Administrative Regulation 1312.3.

Name: (First & Last) _____ I am a: Student Parent Classified Employee
Street: _____ Certificated Employee School Administrator
City: _____ Zip Code: _____ Other (please describe) _____
E-Mail: _____ Today's Date: _____ Phone: _____ Mediation Requested: Yes No
Date(s) of Problem(s) _____

The person who discriminated, harassed, intimidated, or bullied me or another person is a:

Student Parent Classified Employee Certificated Employee School Administrator
 Other (please describe) _____

The name(s) of the individual(s) who harassed and/or discriminated against me or another person is/are:

This person's behavior can best be described as:

Discrimination Intimidation Harassment Bullying Other (please describe) _____

The specific action(s) this person engaged in is/are:

Witness(es) to unlawful discrimination, harassment, intimidation, or bullying is/are:

Student Parent Classified Employee Certificated Employee School Administrator There were no witness(es)
 Other (please describe) _____

The name(s) of the individuals(s) who witnessed this harassment and/or discrimination is/are:

This unlawful discrimination, harassment, intimidation, or bullying has already been reported to the following:

Student Parent Classified Employee Certificated Employee School Administrator
 I have not reported this incident(s) to anyone before Other (please describe) _____

The name(s) of the individuals(s) that were told about this incident(s) is/are:

Law or policy that was violated:

I believe unlawful discrimination, harassment, intimidation, and/or bullying was based on:

<input type="checkbox"/> Actual or perceived sex	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Gender identity
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Marital or parental Status	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Ethnic group identification/Ethnicity	<input type="checkbox"/> Mental or physical disability	<input type="checkbox"/> On the basis of a person's association with a person or group with one or more of these perceived characteristics
<input type="checkbox"/> Race/Color	<input type="checkbox"/> Age	
<input type="checkbox"/> National origin/Nationality /Ancestry	<input type="checkbox"/> Gender	<input type="checkbox"/> Or because I am perceived to be in a protected category
<input type="checkbox"/> Religion	<input type="checkbox"/> Gender expression	

Type of unlawful discrimination, harassment, intimidation, and/or bullying Verbal Physical Written (Including E-Mails)

Programmatic failure to comply with state or federal law (if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Safety Planning Requirements |
| <input type="checkbox"/> Child Care & Development Programs | <input type="checkbox"/> State Consolidated Categorical Aid Programs (Professional Development Program, State Compensatory Education, Limited English Proficient (EL), School Improvement Program (SIP), and tenth-grade counseling), school library programs, Economic Aid Impact (EIA) Programs, Miller-Unruh basic reading programs |
| <input type="checkbox"/> Special Education Programs | |
| <input type="checkbox"/> Child Nutrition Programs | |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Federal Consolidated Categorical Programs (Title I, Title II, Title III, Title IV, Title V) |

Please describe the issue of your complaint in detail. You may attach additional pages if necessary.
(Specific nature of the complaint; include names, dates, times, locations, witnesses, etc.)

(Dates and results of any previous meetings with site/district personnel regarding your concerns)

What would you like the District to do as a result of your complaint? *(Suggested Remedy)*

The Board of Education prohibits retaliation in any form for the filing of the a complaint or participation in complaint procedures. Such participation shall not in any way affect the status, grades, or work assignments of the complainant or persons involved in the complaint investigation/resolution process. The identification of a complainant will remain confidential as appropriate.

If applicable, explain why you believe that you were retaliated against for filing a complaint on any of the grounds above.

Signature

Date