



Irvine Unified School District

Uniform Complaint Procedure

(Reference: District Administrative Procedure 1312.2)

To:

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|--------------------------------|
| Office of the Superintendent |
| Irvine Unified School District |
| 5050 Barranca Parkway |
| Irvine, California 92604-4652 |
| FAX: 949.936.5259 |

From:

| | |
|-----------------------|--|
| Name | |
| Address | |
| City, State, ZIP Code | |
| Telephone (home) | |
| Telephone (business) | |
| E-Mail | |

PROGRAM(S) CONCERNED (Please Check below)

A. ___ Unlawful discrimination, harassment, intimidation or bullying in programs receiving state financial assistance based on one of the following protected classes or based upon a person’s association with a person or group with one of these actual or perceived characteristics:

| | | |
|--|---|---|
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin/Nationality |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Age | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Gender Identity/Expression/Genetic Information |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Family/Marital Status/Pregnancy |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Medical Condition | |

OR

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

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| <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Career Technical and Technical Education/Training Programs |
| <input type="checkbox"/> Child Care and Development |
| <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Student Fees |
| <input type="checkbox"/> Vocational Education |

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|---|
| <input type="checkbox"/> Preschool Health and Safety |
| <input type="checkbox"/> Graduation Requirements for Foster Youth, Homeless Youth, or Other Youth |
| <input type="checkbox"/> Course of Study |
| <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> 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.)

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Have you spoken with any District staff regarding this complaint? YES NO

If so, what are their names?

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What was the result of the discussion?

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Please provide a signature below (can be handwritten, typed, or electronically-generated). All complaints should be dated.

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|--------------|
| Signature(s) |
| Date |

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| <p>FOR DISTRICT USE ONLY:</p> <p>Date complaint received: _____ District staff member who received complaint: _____</p> <p>Date complaint forwarded to Compliance Officer: _____</p> <p>Compliance Officer Designation, if applicable _____</p> <p>Date designated, if applicable _____</p> <p style="text-align: right;"><i>Rev. September 2021 EG</i></p> |
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