



Irvine Unified School District

Uniform Complaint Procedure

(Reference: District Administrative Procedure 1312.3)

To:

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

<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
<input type="checkbox"/> Gender	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Family/Marital Status/Pregnancy
<input type="checkbox"/> Immigration Status		

OR

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

<input type="checkbox"/> Adult Education (Education Code Sections 8500-8538 and 52500-52616.5)
<input type="checkbox"/> Career Technical and Technical Education/Training Programs (Education Code Sections 52300-52480)
<input type="checkbox"/> Child Nutrition (Education Code Sections 49490-49560)
<input type="checkbox"/> Child Care and Development (Education Code Sections 640009(a))
<input type="checkbox"/> Migrant Education (Education Code Sections 54440-54445)
<input type="checkbox"/> Pupil Fees (Education Code Sections 49010-49013)
<input type="checkbox"/> Special Education (Education Code Sections 56000-56885 and 59000-59300)
<input type="checkbox"/> Vocational Education (Education Code Sections 52300-52480)

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.)

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

If so, what are their names?

What was the result of the discussion?

Please provide a signature below. All complaints should be dated.

Signature(s)
Date

FOR DISTRICT USE ONLY:
Date complaint received: _____ District staff member who received complaint: _____
Date complaint forwarded to Compliance Officer: _____
Compliance Officer Designation, if applicable _____
Date designated, if applicable _____
Date copied to IUSD Risk Management Dept. _____