



UNIFORM COMPLAINT FORM
(For Board Approval 2/27/2024)

TO: HUMAN RESOURCES DEPARTMENT
3910 University Avenue, Suite 100
San Diego, CA 92105

FROM: Name(s) _____

Address _____ Zip Code _____

Telephone (Home) _____ (Work) _____

PROGRAM(S) CONCERNED (please check below):

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

- ___ Adult Education (Education Code Sections 8500-8538 and 52500-52616.5)
- ___ Child Nutrition (Education Code Sections 49490-49560)
- ___ Child Care and Development (Education Code Sections 8200-8493)
- ___ Consolidated Categorical Aid (Education Code Section 64000(a))
- ___ Migrant Education (Education Code Sections 54440-54445)
- ___ Special Education (Education Code Sections 56000-56885 and 59000-59300)
- ___ Vocational Education (Education Code Sections 52300-52480)
- ___ No Child Left Behind Act (school safety planning, 20 U.S.C. Section 7114(d)(7))
- ___ Local Control and Accountability Plan (Education Code Section 52075)

OR

2) ___ Discrimination, harassment, intimidation and bullying in programs receiving state financial assistance based on one of the following actual or perceived characteristics:

- ___ Ethnic group identification
- ___ Religion
- ___ Age
- ___ Gender
- ___ Nationality
- ___ Sex

- Color
- Gender Expression
- Disability
- Sexual orientation
- Race
- Ancestry
- National origin
- Ethnicity
- Physical or mental disability
- Actual or perceived sex
- Gender identity
- Association with person/group listed above

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 school personnel regarding this complaint? Yes No

If so, what are their names?

What was the result of the discussion?

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

HEALTH SCIENCES HIGH AND MIDDLE COLLEGE, INC.
 HUMAN RESOURCES DEPARTMENT
 Attn: Dr. Javier Vaca
 3910 University Avenue, Suite 100
 San Diego, CA 92105