

HEALTH SCIENCES HIGH AND MIDDLE COLLEGE, INC.  
**UNIFORM COMPLAINT FORM**

**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 Section 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)
- \_\_\_ Use, or prohibited use, of instructional materials, books, etc...

**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.):

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Have you spoken with any school personnel 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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Signature:

Date:

<p style="text-align: center;"><b>PLEASE RETURN THIS FORM TO:</b></p> <p style="text-align: center;">HEALTH SCIENCES HIGH AND MIDDLE COLLEGE, INC. HUMAN RESOURCES DEPARTMENT Attn: Dr. Javier Vaca 3910 University Avenue, Suite 100 San Diego, CA 92105</p>
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