San Marino Unified School District

Uniform Complaint Procedure Form

Last Name:	First Name/MI:		
Student Name (if applicable):		Grade:	Date of Birth:
Street Address/Apt#:			
City:			
Home Phone:	_ Cell Phone:	Wor	k Phone:
Email:			
Location of Alleged Violation: _			
For allegation(s) of unlawful discible the basis of the unlawful discrincomplaint, if applicable:			
Age	Gen	der / Gender Ex	pression / Gender Identity
Ancestry	Gen	etic Informatior	า
Color	Nati	onal Origin	
Disability (Mental or Physic	al) Race	e or Ethnicity	
Ethnic Group Identification	Relig	gion	
Sexual Orientation (Actual o	or Perceived)		
 Please give facts about the codates, whether witnesses were 		ails such as the	names of those involved,
		<u>. </u>	

2. Have you discussed your complaint or brought your complaint to any District or school personnel? If you have, to whom did you take the complaint, and what was the result?
3. Please provide copies of any written documents that may be relevant or supportive of your complaint.
I have attached supporting documents Yes No
Signature: Date:
Mail Complaint and any relevant documents to:
Linda de la Torre
Title IX Coordinator
San Marino Unified School District
1665 West Drive
San Marino, CA 91108