

# 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> Age                                      | <input type="checkbox"/> Gender / Gender Expression / Gender Identity |
| <input type="checkbox"/> Ancestry                                 | <input type="checkbox"/> Genetic Information                          |
| <input type="checkbox"/> Color                                    | <input type="checkbox"/> National Origin                              |
| <input type="checkbox"/> Disability (Mental or Physical)          | <input type="checkbox"/> Race or Ethnicity                            |
| <input type="checkbox"/> Ethnic Group Identification              | <input type="checkbox"/> Religion                                     |
| <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |   |

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present etc.

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