

San Diego Unified School District
UNIFORM COMPLAINT FORM 1700-01
(Reference: District Administrative Procedure 1700)

TO: LEGAL SERVICES
4100 Normal Street, Room 2148
San Diego, California 92103-2682

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))

OR

- 2) Discrimination in programs receiving state financial assistance based on one of the following:

<input type="checkbox"/> Ethnic group identification	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Religion	<input type="checkbox"/> Race
<input type="checkbox"/> Age	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Gender	<input type="checkbox"/> National origin
<input type="checkbox"/> Sex	<input type="checkbox"/> Physical or mental disability
<input type="checkbox"/> Color	

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 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:

LEGAL SERVICES
4100 NORMAL STREET, ROOM 2148
SAN DIEGO, CALIFORNIA 92103-2682