



## EL MONTE UNION HIGH SCHOOL DISTRICT UNIFORM COMPLAINT PROCEDURE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Name (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

Please Check:  Parent/Guardian     Student     District Employee     Other \_\_\_\_\_

**For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult Education                                     | <input type="checkbox"/> Compensatory Education   | <input type="checkbox"/> Local Control & Accountability Plan (LCAP) |
| <input type="checkbox"/> After School Education and Safety                   | <input type="checkbox"/> Consolidated Categorical Aid                                   | <input type="checkbox"/> Migrant Education                          |
| <input type="checkbox"/> Agricultural Vocational Education                   | <input type="checkbox"/> Course Periods Without Educational Content                     | <input type="checkbox"/> Physical Education Instructional Minutes   |
| <input type="checkbox"/> American Indian Education                           | <input type="checkbox"/> Economic Impact Aid  | <input type="checkbox"/> Regional Occupation                        |
| <input type="checkbox"/> Bilingual Education                                 | <input type="checkbox"/> English Learner Programs                                       | <input type="checkbox"/> School Safety Plans                        |
| <input type="checkbox"/> CA Peer Assistance and Review Programs for Teachers | <input type="checkbox"/> Every Student Succeeds Act/No Child Left Behind (Titles I-VII) | <input type="checkbox"/> Special Education                          |
| <input type="checkbox"/> Career Technical Education                          | <input type="checkbox"/> Foster/Homeless/Former Juvenile Court Pupils                   | <input type="checkbox"/> State Preschool                            |
| <input type="checkbox"/> Child Care and Development                          | <input type="checkbox"/> Lactating Student  | <input type="checkbox"/> Student Fees                               |
| <input type="checkbox"/> Child Nutrition                                     |   | <input type="checkbox"/> Tobacco-Use Prevention Education           |

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Age                             | <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived)  |
| <input type="checkbox"/> Ancestry                        | <input type="checkbox"/> National Origin                              | <input type="checkbox"/> Sexual Orientation (Actual or Perceived)   |
| <input type="checkbox"/> Color                           | <input type="checkbox"/> Race or Ethnicity                            | <input type="checkbox"/> Association with a person or group with one or more of actual or perceived characteristics above |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Religion                                     |   |
| <input type="checkbox"/> Ethnic Group Identification     |   |   |

1. Please provide facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

---



---

---

---

---

---

---

---

---

---

---

---

---

---

2. Have you discussed your complaint or brought your complaint to any school or district 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: \_\_\_\_\_

Return this form and any documents to:

Asst. Superintendent of Educational Services / Asst. Superintendent of Human Resources  
El Monte Union High School District  
3537 Johnson Avenue  
El Monte, California 91731  
Phone: (626) 444-9005

---

*For office use:*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_