



EL MONTE UNION HIGH SCHOOL DISTRICT UNIFORM COMPLAINT PROCEDURE FORM (UCP)

Date: _____

Please Check: Parent/Guardian Student District Employee Other _____

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: _____

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

- Accommodations for Pregnant & Parenting Pupils
- Adult Education Programs
- After School Education and Safety
- Agricultural Vocational Education
- Career Technical & Technical Education & Career Technical & Technical Training Programs
- Child Care & Development Programs
- Child Care Nutrition Programs
- Compensatory Education
- Consolidated Categorical Aid Programs
- Course Periods without Educational Content
- Educational & Graduation Requirements for Pupils in Foster Care, Homeless, Migrant Student, Military Families & formerly Juvenile Court
- Every Student Succeeds Act (Title I-VII)
- Local Control & Accountability Plan (LCAP)
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations for Lactating Pupils
- Regional Occupational Center and Programs
- Schools Plan for Student Achievement (SPSA)
- School Safety Plans
- School Site Council
- State Preschool State Preschool Health & Safety issues in LEA's Exempt from Licensing

Received by: _____ Date: _____ *For office use:*



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

- Age
- Ancestry
- Color
- Disability (mental or physical)
- Ethnic Group Identification
- Gender/Gender Expression/ Gender Identity/Genetic Information
- Immigration Status
- Marital Status
- Association with a person or group with one or more of actual or perceived characteristics above
- Medical Condition
- National Origin
- Nationality
- Pregnancy/Parental Status
- Race or Ethnicity
- Religion
- Sex (actual or perceived)
- Sexual Orientation (actual or perceived)

Provide additional sheets if necessary.

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 or attempted to discuss your complaint to any school or district personnel? If so, 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 via mail, fax, or email 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
Fax: (626) 522-4817 or (626) 522-4816
Larry.cecil@emuhsd.org and Robin.torres@emuhsd.org

Received by: _____ Date: _____ *For office use:*