



艾尔蒙地联合高中学区
统一投诉程序表 (UCP)

日期(Date): \_\_\_\_\_

请勾选: [ ] 父母/监护人(Parent/Guardian) [ ] 学生(Student) [ ] 学区职员(District Employee) [ ] 其他(Other)\_\_\_\_\_

姓氏(Last Name): \_\_\_\_\_ 名字(First Name): \_\_\_\_\_

学生姓名-如适用(Student Name - if applicable): \_\_\_\_\_ 年级 Grade: \_\_\_\_\_ 生日(Date of Birth): \_\_\_\_\_

街道地址/公寓 # (Street Address/Apt. #): \_\_\_\_\_

城市(City): \_\_\_\_\_ 州(State): \_\_\_\_\_ 邮政编码(Zip Code): \_\_\_\_\_

住家电话(Home Phone): \_\_\_\_\_ 手机(Cell Phone): \_\_\_\_\_ 工作电话(Work Phone): \_\_\_\_\_

电子邮箱(Email): \_\_\_\_\_

涉嫌违规的日期(Date of Alleged Violation): \_\_\_\_\_ 涉嫌违规的地点(Location of Alleged Violation): \_\_\_\_\_

如果您要投诉违规, 请勾选出您需要指控的项目或活动:

- 给孕妇和育儿学生的服务与协助 Accommodations for Pregnant & Parenting Pupils
成年人教育课程 Adult Education Programs
课后教育与安全 After School Education and Safety
农业职业教育 Agricultural Vocational Education
职业技术及技术教育及技术培训计划 Career Technical & Technical Education & Technical Training Programs
育儿及发展计划 Child Care & Development Programs
育儿营养计划 Child Care Nutrition Programs
补偿教育 Compensatory Education
综合分类资助计划 Consolidated Categorical Aid Programs
不带教育内容的课程 Course Periods without Educational Content
给寄养家庭儿童, 无家可归人士, 新移民学生, 军人家庭以及前少年法庭学生的教育和毕业条件 Educational & Graduation Requirements for Pupils in Foster Care, Homeless, Migrant Student, Military Families & formerly Juvenile Court
让每个学生成功法案(Title I-VII) Every Student Succeeds Act (Title I-VII)
地方性控制问责计划(LCAP) Local Control & Accountability Plan (LCAP)
移民教育 Migrant Education
体育教学纪要 Physical Education Instructional Minutes
学生费用 Pupil Fees
为哺乳学生提供的合理服务与协助 Reasonable Accommodations for Lactating Pupils
区域性职能中心及计划 Regional Occupational Center and Programs
学校的学生成就计划 (SPSA) Schools Plan for Student Achievement (SPSA)
校园安全计划 School Safety Plans
选址委员会 School Site Council
州教育局 (LEA) 免证许可之下的学龄前学生健康与安全健康问题 State Preschool Health & Safety issues in LEA's Exempt from Licensing

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ For office use:



对于非法歧视，骚扰，恐吓或霸凌的指控，请勾选您的投诉类别（如果适用）：

- 年龄  
Age
- 血统  
Ancestry
- 肤色  
Color
- 障碍(心理或生理)  
Disability (mental or physical)
- 族裔认同  
Ethnic Group Identification
- 性别/性别表达/性别认同/遗传信息  
Gender/Gender Expression/ Gender Identity/Genetic Information
- 移民身份  
Immigration Status
- 婚姻状态  
Marital Status
- 与具有上述一个或多个实际或感知特征的个人或群体有相关联  
Association with a person or group with one or more of actual or perceived characteristics above
- 医疗状况  
Medical Condition
- 原始国籍  
National Origin
- 国籍  
Nationality
- 怀孕/育儿身分  
Pregnancy/Parental Status
- 种族或名族  
Race or Ethnicity
- 宗教  
Religion
- 性别（实际或感知）  
Sex (actual or perceived)
- 性取向（实际或感知）  
Sex orientation (actual or perceived)

如有必要，请提供额外的纸张。

1. 请提供有关投诉的事实。提供详细信息，例如所涉人员的姓名，日期，证人是否在场等，这可能会对投诉调查人员有所帮助。

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2. 您是否讨论过或试图与任何学校或学区人员讨论您的投诉？如果是这样，您向谁投诉了，结果如何？

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3. 请提供与您的投诉相关或支持您的投诉的任何书面文件的副本。

我已附上证明文件。  是( Yes )       否(No)

签名: \_\_\_\_\_ 日期: \_\_\_\_\_

请将这封表格及任何附加文件以电邮,传真或是邮寄的方式缴交回:

教育服务主管助理(Asst. Superintendent of Educational Services) / 人资主管助理(Asst. Superintendent of Human Resources)  
 艾尔蒙地联合高中学区(El Monte Union High School District)  
 3537 Johnson Avenue  
 El Monte, California 91731  
 电话: (626) 444-9005  
 传真: (626) 522-4817 或 (626) 522-4816  
[Larry.cecil@emuhsd.org](mailto:Larry.cecil@emuhsd.org) 及 [Robin.torres@emuhsd.org](mailto:Robin.torres@emuhsd.org)

For office use:

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



Received by: \_\_\_\_\_ Date: \_\_\_\_\_ *For office use:*