Del Mar Union School District
Uniform Complaint Procedures Form

Last Name_________________________________________ First Name__________________________

Student Name (if applicable)__________________________ Grade_______ Date of Birth__________

Address___________________________________________ Apt. # __________
City_________________________________________________ State______ Zip Code________

Home Phone____________ Cell Phone_____________ Work Phone____________________

Date of Alleged Violation_______ School/Office of Alleged Violation __________________________

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

☐ Adult Education
☐ Career/Technical Education
☐ Special Education
☐ Local Control Accountability Plan
☐ Consolidated Categorical Aid
☐ Child Care & Development
☐ Pupil Fees for Educational Activities
☐ Migrant Education
☐ Child Nutrition
☐ Educational Rights of Foster or Homeless Students

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check the protected classes (actual or perceived), upon which the alleged conduct was based, listed below:

☐ Actual or Perceived Sex
☐ Gender Identity
☐ Sexual Identification
☐ Ethnic Group Identification
☐ Nationality
☐ Color
☐ Sexual Orientation
☐ Gender Expression
☐ Sexual Harassment
☐ Race or Ethnicity
☐ National Origin
☐ Mental or Physical Disability
☐ Gender
☐ Marital or Parental Status
☐ Ancestry
☐ Religion
☐ Age
☐ Genetic Information
☐ Association with a person or group with one or more of the actual or perceived categories listed above

For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the School Principal.

If you have contacted your school but still need assistance, referrals, or resources, please contact the relevant office:

For complaints against a student:
Executive Director of Student Services
Del Mar Union School District
11232 El Camino Real
San Diego, CA 92130
Phone: (858) 755-9301 ext 3694
Fax: (858) 755-4361

For complaints against a staff member:
Assistant Superintendent of Human Resources
Del Mar Union School District
11232 El Camino Real
San Diego, CA 92130
Phone: (858) 755-9301 ext 3684
Fax: (858) 755-4361
1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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2. Have you attempted to discuss your complaint with any Del Mar Union School District personnel? If so, with whom and what was the result?

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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 __________

Mail or fax your complaint/documents to:

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