

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Educational Rights of Foster or Homeless Students |
| <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> P.E. Instructional Minutes | |

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Actual or Perceived Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Marital or Parental Status |
| <input type="checkbox"/> Sexual Identification | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> 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.

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?

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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