



PUC Schools 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: _____
Email Address: _____
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:

- Consolidated Categorical Aid
- Child Nutrition
- Pupil Fees for Educational Activities
- After School Education/Safety
- Tobacco-Use Education
- Physical Education Minutes
- Every Student Succeeds Act
- Migrant Education
- Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education
- Child Care & Development
- Special Education
- Foster/Homeless
- NCLB
- Local Control Accountability Plan
- Bilingual Education
- Economic Impact Aid (EIA)
- School Safety Plans

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

- Sex
- Gender Identity
- Ethnic Group Identification
- Nationality
- Color
- Association with a person or group with one or more of the actual or perceived categories listed above
- Sexual Orientation
- Gender Expression
- Race or Ethnicity
- National Origin
- Mental or Physical Disability
- Gender
- Ancestry
- Religion
- Age
- Lactating Student

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations.

If you have contacted your school principal and still require assistance, referrals or resources, please contact your Regional Superintendent (Title IX/Bullying Complaint Administrator).

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 PUC schools' 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, fax or email your complaint/documents to:

LOS ANGELES SCHOOLS:

Dr. Nik Orlando, Regional Superintendent
Regional Title IX and Bullying Complaint Administrator
PUC Schools Central Office
1405 N. San Fernando Blvd. Suite 303
Burbank, CA 91504
Phone: (818) 559-7699
Fax: (818) 559-8641
Email Address: n.orlando@pucschools.org

VALLEY SCHOOLS:

Adriana Abich, Regional Superintendent
Regional Title IX and Bullying Complaint Administrator
PUC Schools Central Office
1405 N. San Fernando Blvd. Suite 303
Burbank, CA 91504
Phone: (818) 559-7699
Fax: (818) 559-8641
Email Address: a.abich@pucschools.org

[PUC Board Approved:](#) _____