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

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  ☐ Sexual Orientation  ☐ Gender
☐ Gender Identity  ☐ Gender Expression  ☐ Ancestry
☐ Ethnic Group Identification  ☐ Race or Ethnicity  ☐ Religion
☐ Nationality  ☐ National Origin  ☐ Age
☐ Color  ☐ Mental or Physical Disability  ☐ Lactating Student
☐ 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 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 the CEO (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:

Concepcion Rivas, CEO
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: c.rivas@pucschools.org