

## Unified School District

325 South Peck Avenue • Manhattan Beach • California 90266 • (310) 318-7345 • FAX (310) 303-3822

## **UNIFORM COMPLAINT FORM**

	ICIAL USE ONLY
Issue #:	School/Site:
Date Issued:	Date Returned:
Time:	Time:
Signature of Administrator:	Signature of Administrator:
ciolation of federal or state laws governing school District (District) has the primary ederal laws and regulations governing the Board (Board) encourages early resolution omplaints which may require a more form processes specified in Title 5 of the Californ District Board Policy (BP) and Administration	Procedures (UCP) is a written and signed statement alleging certain educational programs. The Manhattan Beach Unifices ponsibility to ensure compliance with applicable state as e educational programs. As always, the District's Government of complaints whenever possible. However, to resolute process, the Board adopted the uniform system of complaints are Code of Regulations sections 4600-4694, as applicable, as tive Regulation (AR) 1312.3. The District designates Upordinate the investigation of complaints and ensure Distributed by mail or email to:
Compliance Officers:	
Assistant Superintendent, Human Resources Manhattan Beach Unified School District 25 South Peck Avenue Manhattan Beach, CA 90266 310) 318-7345, Ext. 5915 stekol@mbusd.org	OR Director of Student Services Manhattan Beach Unified School District 325 South Peck Avenue Manhattan Beach, CA 90266 310-318-7345, Ext. 5989 kaguero@mbusd.org
Assistant Superintendent, Human Resources Manhattan Beach Unified School District 25 South Peck Avenue Manhattan Beach, CA 90266 310) 318-7345, Ext. 5915 stekol@mbusd.org  f you are unable to put your complaint in v	Manhattan Beach Unified School District 325 South Peck Avenue Manhattan Beach, CA 90266 310-318-7345, Ext. 5989 kaguero@mbusd.org riting, due to conditions such as a disability or illiteracy, the aint. Complaints may be filed anonymously, and will be
Assistant Superintendent, Human Resources Manhattan Beach Unified School District 25 South Peck Avenue Manhattan Beach, CA 90266 310) 318-7345, Ext. 5915 stekol@mbusd.org  f you are unable to put your complaint in volistrict will assist you with filing the comp	Manhattan Beach Unified School District 325 South Peck Avenue Manhattan Beach, CA 90266 310-318-7345, Ext. 5989 kaguero@mbusd.org  riting, due to conditions such as a disability or illiteracy, the aint. Complaints may be filed anonymously, and will be ided.
Assistant Superintendent, Human Resources Manhattan Beach Unified School District 25 South Peck Avenue Manhattan Beach, CA 90266 310) 318-7345, Ext. 5915 stekol@mbusd.org  f you are unable to put your complaint in volumental properties of the complex p	Manhattan Beach Unified School District 325 South Peck Avenue Manhattan Beach, CA 90266 310-318-7345, Ext. 5989 kaguero@mbusd.org  riting, due to conditions such as a disability or illiteracy, the aint. Complaints may be filed anonymously, and will be ided.

A complaint filed on behalf of a student may only be filed by that student or that student's duly authorized representative.



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## **COMPLAINT**

Date(s	) of Alleged Violation(s):				
School	I/Dept. of Alleged Violation(s):				
Basis 1	for Complaint (select all that apply)	:			
	Adult education				
	After school education and safety programs				
	Agricultural career technical education				
	Career technical/technical education/technical training				
	Child care and development programs				
	Compensatory education				
	Consolidated categorical aid programs				
	Every Student Succeeds Act (ESSA)				
	Migrant education				
	Regional Occupation Centers and Programs (ROCP)				
	School safety plans				
	Sexual Harassment (BP 5147.7)				
	Discrimination, including harassment, intimidation, or bullying, on the basis of (selec				
	all that apply):				
	□ Race	☐ National origin	$\square$ Sex		
	☐ Ethnicity	□ Age	☐ Gender		
	□ Color	☐ Religion	☐ Gender identity		
	☐ Ancestry	☐ Marital status	☐ Parental status		
	☐ Gender expression	☐ Sexual orientation	$\square$ Genes		
	$\Box$ Ethnic group identification $\Box$ Physical or mental disability				
	$\square$ Association with person/group with $\alpha$	one or more of these actual or percone	ceived characteristics		
	Reasonable accommodations to a lactating student				
	Pregnant or parenting student				
	Pupil fees				
	Local Control and Accountability Plans (LCAP)				
	School plan for student achievement				
	School Site Council				
	Educational rights for foster youth				



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	Educational and graduation requirements for foster youth, homeless youth, and other youth (e.g., former juvenile court school pupils, children of military families, newcomers and migratory education students)			
П	Courses of study without educational content			
	Deficiencies related to preschool health & safety issues for a California state preschool			
	Physical education instructional minutes			
	Retaliation			
	Any other state/federal program the Superintendent of Public Instruction deems appropriate			
DESCRIPTION OF COMPLAINT				
compl	e describe your complaint in detail, including the date(s), name(s) of people involved in the laint, and the results of any previous meetings or discussions with the site or personnel ling the complaint. You may attach additional pages as necessary to fully describe your laint.			



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<b>C</b> ,	I understand that the site administrator, Superintendent or may request from me further information about this complaint and, if such
information is avai	able, I shall present it upon request.
to the best of my k	hereby certify that the above statements are true and correct nowledge.
Signature:	Date: