



Uniform Complaint Procedures
COMPLAINT FORM

I. Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

II. Complainant

You are filing this complaint on behalf of: \_\_\_\_\_

- Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

IV. Basis of Complaint

A. District violation of state or federal law or regulations/policies governing:

- Adult Education
After School Education and Safety
Agricultural Vocational Education
American Indian Educ. Centers and Early Childhood Educ. Program Assessments
Bilingual Education
California Peer Assistance and Review Programs for Teachers
Career/Technical Education
Child Care & Development
Child Nutrition
Collection/Disclosure of Immigration Status (Viol. of Student Reso 171-10A1)
Consolidated Categorical Aid
Economic Impact Aid
Education Content Complaint (9th-12th)
Education Opportunities to Foster Students
English Learner Programs
Every Students Succeeds Act/No Child Left Behind (Title I-VII)
Juvenile Court Pupils
Local Control Accountability Plan (LCAP)
Migrant Education
Physical Education Minutes
Pupil Fees for Educational Activities
Regional Occupational Centers and Programs
School Safety Plans
Special Education
State Preschool
Tobacco-Use Prevention Education



List the **individuals** involved in the incident(s) complaint of:

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List any **witnesses** to the incident(s):

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**What steps**, if any, have you taken to resolve this issue before filing a complaint?

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\_\_\_\_\_  
**Signature of Person Filing Complaint**

\_\_\_\_\_  
**Date**

Please submit this complaint to:

**Office of Equity**  
**555 Franklin Street, 3rd Floor**  
**San Francisco, CA 94102**  
**T: (415) 355-7334**  
**F: (415) 355-7333**  
**E: [equity@sfusd.edu](mailto:equity@sfusd.edu)**