

# Pacific Grove Unified School District

Community Relations

Exhibit #1312.3

## PACIFIC GROVE UNIFIED SCHOOL DISTRICT Uniform Complaint Form

Please complete all information and return this form to: **PGUSD Human Resource Office**  
**435 Hillcrest Avenue**  
**Pacific Grove, CA 93950**

If you need help filling out the form please contact the Human Resources Director at 646-6507.

Date	Name of Complainant	School
Address	City	State Zip
Phone (Day)	Phone (Evening)	Phone (Cell)

Name of Parent if not Complainant

*Please check the appropriate box(es):*

- A.  I am filing a complaint alleging unlawful discrimination, harassment, intimidation, or bullying based on one or more of the following actual or perceived characteristics, or association with a person or group with one or more of the following actual or perceived characteristics: disability, gender, gender identity, gender expression, nationality, race or ethnicity, ethnic group identification, color, age, religion, genetic information, sex or sexual orientation in any District program or activity that receives or benefits from state financial assistance.
- B.  I am filing a complaint alleging a violation of federal or state laws governing any of the following: adult education, consolidated categorical aid programs, career technical and technical education, Regional Occupational Centers and Programs, migrant education, child care and development programs, foster and homeless youth services, lactating student accommodations, physical education instructional minute requirements for students in grades 1-6, educational content course requirements for grades 9-12, graduation requirements exemptions for former juvenile court school students, child nutrition programs, or special education and school safety planning Please specify the program(s):\_\_\_\_\_.
- C.  I am filing a complaint alleging violation of the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational activities.
- D.  I am filing a complaint alleging that the District has not complied with legal requirements related to the implementation of the Local Control and Accountability Plan (LCAP).

Date and results of informal meeting and/or mediation (if applicable):\_\_\_\_\_

(If you need additional space, you may attach a separate sheet of paper to this complaint form.)

For each box that you checked, please specifically describe the nature of your complaint. **Be as factual and specific as possible.** Discrimination complaints must be initiated no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts supporting the alleged discrimination. Therefore, you must as least indicate the approximate date of the alleged violation. If the violation has occurred over a period of time or is continuing, please indicate the time period in question.

Details of the complaint (attach appropriate supporting documents):

\_\_\_\_\_

(For Office Use Only)

Date Received

Date Complainant was contacted

Expected Date of Written Response (60 working days)

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\_\_\_\_\_  
\_\_\_\_\_  
**Specific remedy sought:**

\_\_\_\_\_  
\_\_\_\_\_  
Within 60 calendar days following the receipt of the complaint a written report of the district's investigation shall be completed.

**Signature of Complainant:** \_\_\_\_\_

**(For Office Use Only)**

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

\_\_\_\_\_  
**Date Complainant was contacted**

\_\_\_\_\_  
**Expected Date of Written Response (60 working days)**