

## Uniform Complaint Procedure Form

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

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation \_\_\_\_\_

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**For allegations of noncompliance, please check the program or activity referred to in your complaint if applicable:**

- Child Nutrition       Independent Studies       Migrant Education       Special Education
- Pupil Fees for Educational Activities       Local Control Accountability Plan       School Safety Plans
- Education of Pupils in a Foster Care, Pupils who are Homeless, former Juvenile Court Pupils       After School Safety
- Bilingual Education       Physical Education Instructional Minutes       Local Control (LCAP)
- Every Student Succeeds act/No Child Left Behind

**For complaints of unlawful discrimination, harassment, intimidation or bullying (employee-to-student, student-to-student, third party to student, employee-to-third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected groups 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       Immigration Status       Color       Mental or Physical Disability       Age
- Lactating Student       Association with a person or group with one or more of the actual or perceived groups listed here

**For bullying complaints that are not based on protected groups and other complaints not listed on this form, contact your school Title IX/Bullying Complaint Manager Brenda Esparza, Site Administrator.**

**For complaints of employee-to-employee discrimination or harassment, contact Susan Huitron, Human Resources/Operations Manager at 323-817-6550 or email: [shuitron@apexacademyhs.info](mailto:shuitron@apexacademyhs.info)**

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.

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2. Have you attempted to discuss your complaint with any School/District Personnel? If so, with whom and what was the result?

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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, email or hand-deliver your complaint/documents to:

Susan Huitron  
Human Resources/Operational Manager  
[shuitron@apexacademyhs.info](mailto:shuitron@apexacademyhs.info)  
PazLo Education Foundation/APEX Academy  
1309 North Wilton Place, Office 321  
Los Angeles, CA 90028  
323.817.6550