

UNIFORM COMPLAINT PROCEDURE FORM

Last Name: _____ First Name/MI: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

Street Address/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Charter School/Office of Alleged Violation: _

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

Career Technical and Technical Education/Career Technical and Technical Training

Consolidated Categorical Aid Programs

Education of Students in Foster Care, Students who are Homeless, former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of Military Families

Every Student Succeeds Act

Local Control Funding Formula/ Local Control and Accountability Plan

Migrant Education Programs

Regional Occupational Centers and Programs

School Plan for Student Achievement

School Safety Plan

Pupil Fees

Pregnant, Parenting or Lactating Students

For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:

Age

Ancestry

Color

Disability (Mental or Physical)

Ethnic Group Identification

Immigration Status/
Citizenship

Gender / Gender Expression /
Gender Identity

Genetic Information

Marital Status

Medical Condition

National Origin/Nationality

Race or Ethnicity

Religion

Sex (Actual or Perceived)

Sexual Orientation (Actual or Perceived)

Based on association with a person or group with one or more of these actual or perceived characteristics

