



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: _____
 School/Office of Alleged Violation: _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Economic Impact Aid | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Every Student Succeeds Act / No Child Left Behind Programs | <input type="checkbox"/> Special Education |
| | <input type="checkbox"/> Foster/Homeless Youth Education | <input type="checkbox"/> Pupil Fees |
| | <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan | <input type="checkbox"/> Pupils from Military Families |
| | | <input type="checkbox"/> Tobacco-Use Prevention Education |

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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex (Actual or Perceived) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Immigration Status/Citizenship | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Medical Condition | |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Nationality / National Origin | |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Race or Ethnicity | |
| <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Religion | |

- Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to whom did you take the complaint, and what was the result?

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 complaint and any relevant documents to the Compliance Officer:

Brent Boothby
Executive Director
1850 Wildcat Blvd.
Rocklin, CA 95765