

# Uniform Complaint Procedures Form

Check the appropriate box:

Last Name \_\_\_\_\_  Student  Parent/Guardian  Employee

First Name \_\_\_\_\_  Public Agency  Other Organization

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

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

- Adult Education
- Career Technical Education
- Special Education
- After School Education & Safety
- Agricultural Vocational Education
- Foster and/or Homeless Youth
- Local Control Funding Formula/Accountability Plans
- Regional Occupational & Workforce Development Centers & Programs
- Tobacco-Use Prevention Education
- Consolidated Categorical Aid
- Child Care & Development
- Pupil Fees for Educational Activities
- Migrant/Indian Educ.
- Nutrition Services
- Lactation
- School Facilities
- Bilingual Education

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check the protected classes (actual or perceived), upon which the alleged conduct was based, listed below:

- Actual or Perceived Sex
- Gender Identity
- Ethnic Group Identification
- Nationality
- Color
- Association with a person or group with one or more of the actual or perceived categories listed above
- Sexual Orientation
- Gender Expression
- Race or Ethnicity
- National Origin
- Mental or Physical Disability
- Gender
- Ancestry
- Religion
- Age
- Lactating Student

***For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the Title IX/Bullying Complaint Manager, School Principal, or the Operations Coordinator in your Educational Service Center (ESC).***

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.

Horizontal lines for writing the facts of the complaint.

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

Horizontal lines for writing the response to question 2.

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 or fax your complaint/documents to:

For more information, please contact:
Kevin Ogden, Regional Vice President
kogden@learn4life.org | Phone # (661) 272-1225