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:

- ☐ Migrant Education
- ☐ Special Education
- ☐ Pupil Fees
- ☐ Regional Occupational Programs
- ☐ Tobacco-Use Prevention Education
- ☐ Lactating Pupils
- ☐ Consolidated Categorical Aid
- ☐ Child Nutrition
- ☐ No Child Left Behind/ Every Student Succeeds Act Programs
- ☐ Local Control Funding Formula/ LCAP
- ☐ Pregnant and Parenting Students
- ☐ Career/Technical Education
- ☐ Foster/Homeless Youth
- ☐ Educational Rights and Coursework and Graduation Requirements for Foster Youth, Homeless Youth, Former Juvenile Court Students, Military Family Students, Migratory Students and Newly Arrived Immigrant 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
- ☐ Gender / Gender Expression / Gender Identity
- ☐ Genetic Information
- ☐ National Origin
- ☐ 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

1. 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.

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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?

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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 complaint and any relevant documents to:

Crescent View West Public Charter
Shellie Hanes, Area Superintendent
1901 East Shields Ave. Suite 105
(559) 222-8439
UCPOfficer@cvwest.org