



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"/> Pupil Fees | <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Expanded Learning Program | <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan | <input type="checkbox"/> Pregnant, Parenting, or Lactating Students |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Migratory children and children of military families. | <input type="checkbox"/> Education of students in Foster Care, those who are homeless or former Juvenile Court students now enrolled in a public school |

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

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.

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:

Beth Wylie
Charter Director
1730 Janes Road
Arcata, CA 95521
707-822-3348