



UNIFORM COMPLAINT PROCEDURE FORM

Last Name: _____ First Name/MI: _____

Scholar 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"/> Academic Achievement | <input type="checkbox"/> Foster/Homeless Youth Education | <input type="checkbox"/> Migratory Pupils |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Juvenile Court School Pupils | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan (LCAP) | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> English Proficiency | <input type="checkbox"/> Migrant Education | <input type="checkbox"/> State Preschool Health/Safety |
| <input type="checkbox"/> Every Student Succeeds Act / No Child Left Behind Programs | | <input type="checkbox"/> Pupils from Military Families |

For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis (actual or perceived) 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 |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Immigration Status/Citizenship | <input type="checkbox"/> Sexual Orientation |
| <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"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Race or Ethnicity | |
| | <input type="checkbox"/> 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:

Alejandro Soriano | Director
1704 Cape Horn
Julian, California 92036

(833) 619-2378
asoriano@bestacademycs.com