

## New Heights Charter School Uniform Complaint Procedures Form

Complainant Last Name \_\_\_\_\_ Complainant First Name \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt./Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date(s) of Alleged Violation(s) \_\_\_\_\_

School/Office of Alleged Violation(s) \_\_\_\_\_

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

<input type="checkbox"/> Accommodations for pregnant and parenting pupils, including reasonable accommodations for lactating pupils (§§46015, 222)	<input type="checkbox"/> Adult education (§§8500-8538, 52334.7, 52500-52617)	<input type="checkbox"/> After school education and safety (§§8482-8484.65)	<input type="checkbox"/> Agricultural career technical education (§§52460-52462)	<input type="checkbox"/> Career technical and technical education and career technical and technical training programs (§§52300-52462)
<input type="checkbox"/> Child care and development programs (§§ 8200-8498)	<input type="checkbox"/> Compensatory education (§54400)	<input type="checkbox"/> Consolidated categorical aid programs [34 CFR §§299.10-12, §64000(a)]	<input type="checkbox"/> Courses periods without educational content (§§51228.1-51228.3)	<input type="checkbox"/> Educational and graduation rights offoster youth, homeless youth, and other youth (e.g., former juvenile court school pupils, pupils from military families, newcomers and migratory education students) (§§48645.7, 48853, 48853.5, 49069.5, 51225.1, 51225.2)
<input type="checkbox"/> Every Student Succeeds Act (20 United States Code §6301 et seq.; EC §52059)	<input type="checkbox"/> Local control and accountability plans (§52075)	<input type="checkbox"/> Migrant child education (§§54440-54445)	<input type="checkbox"/> Physical education instructional minutes (§51223)	<input type="checkbox"/> Pupil Fees (§§49010-49013)
<input type="checkbox"/> Regional occupational centers and programs (§§52300-52334.7)	<input type="checkbox"/> School plans for student achievement (§64001)	<input type="checkbox"/> School safety plans (§§32280-32289)	<input type="checkbox"/> School site councils (§65000)	<input type="checkbox"/> State preschools (§§8235-8239.1)
<input type="checkbox"/> Deficiencies related to preschool health and safety issues for a California state preschool program licensing-exempt (5 CCR §1596.7925, EC §8235.5); per public notices posted for applicable classrooms. Complaint forms can be obtained in those schools or at <a href="http://achieve.lausd.net/eeco">achieve.lausd.net/eeco</a> .			<input type="checkbox"/> Any other state or federal educational program the State Superintendent of Public Instruction or designee deems appropriate	

For complaints of unlawful discrimination, harassment, intimidation or bullying of protected groups (employee-to-student, student-to-student, student-to-employee, third party to a student, employee-to-third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected groups upon which the alleged conduct was based:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sex                         | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender             |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry           |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Nationality                 | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Immigration Status |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student  |
| <input type="checkbox"/> Age                         |  |   |
- Association with a person or group with one or more of the actual or perceived groups listed here

***For bullying complaints not based on these protected groups and other complaints not listed on this form, contact your school's Title IX/Bullying Complaint Manager, Site Administrator, or Local District Administrator of Operations. For claims of employee-to-employee and student-to-employee discrimination or harassment, you may contact Jamie Parada at (323) 508-0155.***

1. Please give 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.

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

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3. 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, fax, or email your UCP complaint/documents to:

**Jamie Parada**  
**Operations Director**  
**New Heights Charter School**  
**2202 W Martin Luther King Blvd**  
**Los Angeles, CA 90008**  
**Fax: (213) 508-0156**