

GUAJOME PARK ACADEMY
2000 North Santa Fe Avenue, Vista, Ca. 92083

FORMAL COMPLAINT AGAINST GPA PERSONNEL (PAGE 1 OF 2)

COMPLAINT DATA

NAME OF COMPLAINANT	PHONE NUMBER	DATE OF COMPLAINT
ADDRESS	CITY, STATE, ZIP	

COMPLAINT (Record a brief but specific summary of the complaint. Attach a separate signed sheet if necessary.)

I CERTIFY THAT THE ABOVE COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF COMPLAINANT

DATE

STATEMENT IN REBUTTAL

NAME OF EMPLOYEE	POSITION	SCHOOL/DEPARTMENT
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RESPONSE (Employee should record a brief but specific reply or attach separate signed sheets if necessary.)

I CERTIFY THAT THE ABOVE COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYEE

DATE

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FORMAL COMPLAINT AGAINST GPA PERSONNEL (PAGE 2 OF 2)

ACTION TAKEN BY EMPLOYEE'S SUPERVISOR

FINDINGS OF FACT (Attach separate sheet if necessary)

ACTION TAKEN
<input type="checkbox"/> COMPLAINT DISMISSED
<input type="checkbox"/> RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
<input type="checkbox"/> REFERRED TO NEXT LEVEL

SIGNATURE OF SUPERVISOR

DATE

GPA's FINDINGS & ACTIONS

SUMMARY OF FINDINGS

ACTION TAKEN
<input type="checkbox"/> COMPLAINT DISMISSED
<input type="checkbox"/> RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
<input type="checkbox"/> REFERRED TO CSS

SIGNATURE OF GPA CENTRAL OFFICE ADMINISTRATOR

DATE

GPA BOARD OF DIRECTORS ACTION

DATE OF MEETING

**GUAJOME PARK ACADEMY
HUMAN RESOURCES OFFICE**

COMPLAINT FORM

If you believe you have been unlawfully treated because of your sex, race, national origin, religion, marital status, age, disability or handicap, or any other basis protected by law, please fill out this form in as completely and timely a manner as possible, and return it to the Charter School Superintendent ("CSS"). If more space is necessary, please continue your comments on the back of this form or attach an additional page.

NAME: _____		
HOME ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: (WORK) _____	TELEPHONE: (HOME) _____	BEST TIME TO CALL: _____
ARE YOU: ___ GPA EMPLOYEE ___ APPLICANT FOR EMPLOYMENT		
POSITION TYPE: _____ POSITION APPLIED FOR: _____		
WORK LOCATION: _____		
BASIS FOR COMPLAINT: PLEASE CHECK AS APPROPRIATE.		
___ RACE	___ AGE	___ GENDER
___ COLOR	___ RELIGION	___ SEXUAL HARRASSMENT
___ NATIONAL ORIGIN	___ DISABILITY OR HANDICAP	___ OTHER
1. PLEASE EXPLAIN IN DETAIL THE NATURE OF YOUR COMPLAINT. INCLUDE DATES AND NAMES WHENEVER POSSIBLE. _____ _____ _____ _____		
2. WERE THERE ANY WITNESSES? OF SO, WHO? _____ _____		
3. ARE THERE ANY OTHER INDIVIDUALS YOU WANT GPA TO CONTACT IN REGARD TO YOUR COMPLAINT? IF SO, WHOM DO YOU WISH CONTACTED, AND WHY? _____ _____		
4. WHAT ACTION DO YOU SUGGEST GPA TAKE REGARDING YOUR COMPLAINT? _____ _____		
SIGNATURE: _____	DATE: _____	

**GUAJOME PARK ACADEMY
2000 North Santa Fe Avenue, Vista, Ca. 92083**

**COMPLAINTS CONCERNING SPECIAL PROGRAMS AND SERVICES AND ALLEGATIONS OF
DISCRIMINATION IN ALL PROGRAMS AND SERVICES**

- -COMPLAINANT DATA- -

PLEASE PRINT CLEARLY

NAME OF COMPLAINANT	PHONE	DATE OF COMPLAINT
ADDRESS	CITY/STATE	ZIP CODE

COMPLAINT (Record a brief but specific summary of the complaint. Attach separate signed sheet if necessary.)

DATE OF VIOLATION: _____

(Must be within six months of today's date. If not, you will be given information regarding an appeal to the superintendent of Public Instruction for an extension of time in which to file the complaint.)

**I CERTIFY THAT THE ABOVE COMPLAINT IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE**

SIGNATURE OF COMPLAINANT

DATE

Completed complaint forms are to be filed with the Charter School Superintendent ("CSS") at the GUAJOME PARK ACADEMY Administration Office, 2000 N. Santa Fe Avenue, Vista, CA 92083 Telephone (760) 631-8500.

(SEE UNIFORM COMPLAINT PROCEDURE TIMELINES)

UNIFORM COMPLAINT PROCEDURES TIMELINES

(Sixty Calendar Days for Resolution – Timeline may be extended by written agreement of complainant)

DAY 1: Complainant files written complaint with office of the Charter School Superintendent

-NO LATER THAN-

DAY 10: Site administrator conducts investigation

DAY 20: Site administrator sends written decision to complainant = Complaint resolved

-OR-

DAY 25: Complainant appeals decision to CSS

DAY 30: CSS or a designee arranges mediation or administrative review

DAY 40: Mediation or administrative review completed = Complaint resolved

-OR-

DAY 45: Complainant files appeal to Board of Education with CSS

DAY 60: GPA decision sent to complainant = Complaint resolved

-OR-

DAY 75: Complainant may appeal to California Department of Education
Complainant may appeal to United States Secretary of Education

The following complaints shall be referred to the specified agencies for appropriate resolution and are not subject to the local procedures set forth by this form:

1. Allegations of child abuse shall be referred to the applicable County Department of Social Services (DSS) Protective Services Division or appropriate law enforcement agency.
2. Health and safety complaints regarding a Child Development Program shall be referred to Department of Social Services for licensed facilities, and to appropriate Child Development regional administrator for licensing-exempt facilities.
3. Discrimination issues involving Child Nutrition Programs shall be referred to the Administrator of Food and Nutrition Services, U.S. Department of Agriculture.
4. Discrimination issues involving Title IX of the Educational Amendments of 1972 shall be referred to the U.S. Office of Civil Rights (OCR).
5. Employment discrimination complaints shall be referred to the Equal Employment Opportunity Commission (EEOC).