

Uniform Complaint Procedures COMPLAINT FORM

I. Contact Information

Last Name: _____ First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of:

 Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: _____

Grade: _____ Principal: _____

IV. Basis of Complaint (check any boxes that apply)

District violation of state or federal law or regulations governing:

- | | |
|--|---|
| <input type="checkbox"/> Accommodations for Pregnant and Parenting Pupils | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) |
| <input type="checkbox"/> After School Education and Security | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training Programs | <input type="checkbox"/> Physical Education Instructional Minutes |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Reasonable Accommodations to a Lactating Pupil |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> School Plans for Student Achievement |
| <input type="checkbox"/> Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district | <input type="checkbox"/> Schoolsite Councils |
| | <input type="checkbox"/> State Preschool |
| | <input type="checkbox"/> State Preschool Health and Safety Issues in LEAs Exempt From Licensing |

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital or Parental Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Harassment (Title IX) |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Association with any of these actual or |
| <input type="checkbox"/> Genetic Information | perceived characteristics |

Allegations of noncompliance of the following:

- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention and location(s) where the incident(s) occurred:

List the **individuals** involved in the incident(s) complaint of:

List any **witnesses** to the incident(s):

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of Person Filing Complaint

Date

Please submit this complaint to:

Irvine Chinese Immersion Academy
Dr. Benson Kwok, Executive Director
1 Liberty, Irvine CA 92620
(949) 559-6868
bkwok@iciacademy.org