

### Complaint Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

School/Office of Alleged Violation: \_\_\_\_\_ Date of Alleged Violation: \_\_\_\_\_

Email: \_\_\_\_\_

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

- Career Technical and Technical Education/Career Technical and Technical Training
- Local Control Funding Formula/ Local Control and Accountability Plan
- Child Care and Development
- Migrant Education Programs
- Consolidated Categorical Aid Programs
- Regional Occupational Centers and Programs
- Every Student Succeeds Act
- School Plans for School Achievement
- Pupil Fees
- School Safety Plan
- Pregnant, Parenting or Lactating Students
- Education of Students in Foster Care, Students who are Homeless, former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of Military Families

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

***For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations.***

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.

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2. Have you attempted to discuss your complaint with any Vaughn Next Century Learning Center's personnel? If so, with whom and what was the result?

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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, fax or email your complaint/documents to:

**Vaughn Next Century Learning Center**

Fidel Ramirez, CEO  
*Regional Title IX and Bullying Complaint Administrator*  
13215 Davenport Street  
Pacoima, CA 91331  
Phone: (818) 896-7461  
Fax: (818) 686-7808  
Email Address: [framirez@myvaughncharter.com](mailto:framirez@myvaughncharter.com)