

UNIFORM COMPLAINT PROCEDURE FORM

Please complete this form, providing as much information as possible and attaching any applicable supporting documentation, to assist in the investigation of the complaint.

Information

LAST NAME OF THE COMPLAINANT		FIRST NAME OF THE COMPLAINANT	
STUDENT NAME (IF APPLICABLE)		STUDENT GRADE	STUDENT DOB
ADDRESS (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)			
EMAIL ADDRESS		TELEPHONE NUMBER	
COMPLAINANT IS A: <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Employee <input type="checkbox"/> Other (<i>specify</i>) _____			
THIS COMPLAINT IS BEING FILED ON BEHALF OF: <input type="checkbox"/> Myself <input type="checkbox"/> A student (not the complainant named above) <input type="checkbox"/> Other (<i>specify</i>) _____			
DATE OF ALLEGED VIOLATION		SCHOOL OF ALLEGED VIOLATION	

Basis of Complaint

For allegations related to any of the following programs and activities subject to the Uniform Complaint Procedures (UCP):

- | | |
|---|---|
| <input type="checkbox"/> Discrimination, Harassment, Intimidation, and/or Bullying
<input type="checkbox"/> Education for Foster Youth, Homeless Youth, Former Juvenile Court School Students, or Military Dependents
<input type="checkbox"/> Every Student Succeeds Act
<input type="checkbox"/> Local Control Accountability Plan

<input type="checkbox"/> Other Basis from UCP: _____ | <input type="checkbox"/> Career Technical Education
<input type="checkbox"/> Consolidated Categorical Aid
<input type="checkbox"/> Pupil Fees
<input type="checkbox"/> School Safety Plan
<input type="checkbox"/> Reasonable Accommodations to a Lactating Student |
|---|---|

For complaints alleging discrimination, harassment, intimidation, and/or bullying, indicate the actual or perceived protected characteristics upon which the alleged conduct is based:

- | | | |
|--|--|--|
| <input type="checkbox"/> Race or ethnicity
<input type="checkbox"/> Color
<input type="checkbox"/> Ancestry
<input type="checkbox"/> Nationality
<input type="checkbox"/> National origin
<input type="checkbox"/> Immigration status
<input type="checkbox"/> Ethnic group identification | <input type="checkbox"/> Religion
<input type="checkbox"/> Age
<input type="checkbox"/> Marital status
<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Parental status
<input type="checkbox"/> Physical or mental disability
<input type="checkbox"/> Other _____ | <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"/> Genetic information |
|--|--|--|

Details of the Complaint

Please answer the following questions to the best of your ability. If you mention names, please also identify who they are (i.e. student, staff, parent, etc.). Attach additional pages, if necessary.

Provide the **facts** about your complaint:

List the **people** involved or impacted:

List any **witnesses** or individuals who may have knowledge of the alleged acts:

Provide and/or describe the specific **location(s)** where the incident(s) occurred:

List all the **date(s) and time(s)** when the incident(s) occurred or when the alleged acts first came to your attention:

Describe any **steps** you have taken to resolve this issue before filing the complaint. If applicable, list names and titles of school staff you have contacted:

Do you have any **written documents/evidence** that you can provide that may be relevant/ supportive of your complaint?

- No
- Yes, copies of the documents/evidence are attached to this complaint

Signature of Complainant _____ Date _____

Please file this form and any additional documents in person or by mail with the following individual:

ATTN: Director of Operations – 6130 Skyline Drive San Diego, CA 92114 – ucp@ofarrellschool.org