

E3 CIVIC HIGH CHARTER SCHOOL

UNIFORM COMPLAINT PROCEDURE FORM

Last Name: _____ First Name/MI: _____
Student Name (if applicable): _____ Grade: _____ Date of Birth: _____
Street Address/Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
School/Office of Alleged Violation: _____

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|--|--|--|
| <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> School Safety Plan | <input type="checkbox"/> Local Control Funding Formula/
Local Control and Accountability Plan |
| <input type="checkbox"/> Career Technical and Technical
Education and Training | <input type="checkbox"/> Consolidated Categorical Aid
Programs | <input type="checkbox"/> Pupil Fee |
| <input type="checkbox"/> Migrant Child Education
Programs | <input type="checkbox"/> Pregnant, Parenting, or Lactating
Students | |
| <input type="checkbox"/> Education or graduation 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 | Genetic Information | SEX (Actual or Perceived) |
| Ancestry | Immigration Status/Citizenship | Sexual Orientation (Actual or Perceived) |
| Color | Marital Status | Based on association with a person or group with one or more of these actual or perceived characteristics |
| Disability (Mental or Physical) | Medical Condition | |
| Ethnic Group Identification | Nationality / National Origin | |
| Gender / Gender Expression / Gender Identity | Race or Ethnicity | |
| | Religion | |

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.

2. Have you discussed your complaint or brought your complaint to any e3 personnel? If you have, to whom did you take the complaint, and what was the result?

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 complaint and any relevant documents to the Compliance Officer:

Dr. Joel Tapia
Director of Human Resources and State Reporting
395 11th Avenue, 6th Floor
San Diego, CA 92101
(619) 546-0000
jtapia@e3civichigh.com