

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: ☐ Student ☐ Parent/Guardian ☐ Employee ☐ Other (<i>specify</i>) _____			
THIS COMPLAINT IS BEING FILED ON BEHALF OF: ☐ Myself ☐ A student (not the complainant named above) ☐ 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):

- | | |
|---|---|
| ☐ Discrimination, Harassment, Intimidation, and/or Bullying
☐ Education for Foster Youth, Homeless Youth, Former Juvenile Court School Students, or Military Dependents
☐ Every Student Succeeds Act
☐ Local Control Accountability Plan

☐ Other Basis from UCP: _____ | ☐ Career Technical Education
☐ Consolidated Categorical Aid
☐ Pupil Fees
☐ School Safety Plan
☐ 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:

- | | | |
|--|--|--|
| ☐ Race or ethnicity
☐ Color
☐ Ancestry
☐ Nationality
☐ National origin
☐ Immigration status
☐ Ethnic group identification | ☐ Religion
☐ Age
☐ Marital status
☐ Pregnancy
☐ Parental status
☐ Physical or mental disability
☐ Other _____ | ☐ Sex
☐ Sexual orientation
☐ Gender
☐ Gender identity
☐ Gender expression
☐ 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 – susan.cuttitta@ofarrellschool.org