Richmond College Prep Schools

1014 Florida Ave., Richmond, CA 94804 ● (510)235-2066 Fax: (510)778-1334 ● www.rcpschools.org

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:

- ☐ Child Care and Development Programs
- ☐ Consolidated Categorical Aid Programs
- ☐ Every Student Succeeds Act
- ☐ Local Control Funding Formula/ Local Control and Accountability Plan
- ☐ Migrant Child Education Programs
- ☐ Regional Occupational Centers and Programs
- ☐ School Plans for School Achievement
- ☐ State Preschool Programs
- ☐ Pupil Fees
- ☐ 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
- Ancestry
- Color
- Disability (Mental or Physical)
- Ethnic Group Identification
- Gender / Gender Expression / Gender Identity
- Genetic Information
- Immigration Status/Citizenship
- Marital Status
- Medical Condition
- Nationality / National Origin
- Race or Ethnicity
- Religion
- Sex (Actual or Perceived)
- Sexual Orientation (Actual or Perceived)
- Based on association with a person or group with one or more of these actual or perceived characteristics

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 discussed your complaint or brought your complaint to any RCP personnel? If you have, to whom did you take the complaint, 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 complaint and any relevant documents to the Compliance Officer:

Keisha Prier, EdD
CEO
1014 Florida Avenue Richmond, CA 94804
510-235-2066 ext. 100