Roseland School District / Roseland Charter School School

UNIFORM COMPLAINT PROCEDURE FORM

1691 Burbank Avenue Santa Rosa, CA 95407 707-545-0102 (Fax) 707-545-5096

Purpose:
The Uniform Complaint Procedures (UCP) may be used for complaints alleging non---compliance of state and federal laws and regulations governing educational programs or discrimination. Most parents'/guardians' concerns can be resolved informally with the school principal. If this is not possible, this form may be used to file a formal complaint.

Name:	Work or Cell Telephone:
Mailing Address (City, State, Zip):	Home Telephone:
School Information	Principal Name
Address (City, State, Zip)::	School Phone Number:

Status: (Check all that apply): ☐ Employee ☐ Student ☐ Parent/Guardian ☐ Other

You are filing this complaint on behalf of: ☐yourself ☐ your child or a student ☐ another student ☐a group

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

☐ Prohibition against requiring students to pay fees, deposits or other charges

☐ Requirements for development and adoption of a school safety plan
☐ Non compliance with legal requirements related to the implementation of the local control and accountability plan (LCAP).
☐ Retaliation against a complainant or other participant in the complaint process
☐ Complaints alleging noncompliance with requirements related to course credit (homeless student, former juvenile court school students, child of military family)
☐ Transfer and exemption from local graduation requirements for former juvenile court school students.
☐ Reasonable accommodation to a lactating student on school campus to express breast milk, breastfeed and infant child, or address other breastfeeding-related needs of the student.
☐ Foster youth, alleging noncompliance with placement decisions, the award of credit for coursework satisfactorily completed in another school or district, school transfer, or the grant of an exemption from Board-imposed graduation requirements
☐ Violation of law or regulation governing the following program(s):

☐ Foster/Homeless Youth

☐ American Indian Education (RSD)

☐ Lactating Pupils

☐ Special Education/Section 504

☐ Pupil Fees

☐ Local Control Funding Formula

☐ Federal Education Programs

☐ Special Education Program

☐ After School Education and Safety (RSD)

☐ Consolidated Categorical Aid

☐ Child Nutrition

☐ ESEA

☐ Peer assistance and review (teachers)

☐ School Safety Plans

☐ Physical Education (K-6)

☐ Tobacco-Use Prevention Education

☐Migrant Education

☐ State Preschool (RSD)

☐ Courses without educational Content (RCS)

☐ Compensatory education

☐ Economic Impact Aid

☐ English Learner Program

☐ Tobacco-Use Prevention Education

☐ Complaint based on discrimination, harassment, intimidation and bullying you experienced,

☐ Sex Discrimination (Title IX) ☐ National Origin ☐ Color ☐ Sexual Harassment

☐ Disability ☐ Race ☐ Retaliation ☐ Bullying

☐ Religion ☐ Age ☐ Marital Status ☐ Cyberbullying

☐ Sexual Orientation ☐ Medical Condition ☐ Gender Identity ☐ Gender

☐ Ethnicity ☐ Ancestry ☐Mental or physical disability ☐Associations with any of these categories

☐ Genetic information ☐ Immigration Status ☐ Nationality ☐ Ethnic Group Identification

☐ Marital status ☐ pregnancy ☐ parental status ☐ sex ☐ sex orientation ☐ gender idenitty

☐ gender expression

☐ Other _____

Identify the dates that the alleged incident took place:

Earliest date: _____ Most recent date: _____

Approximate time of most recent incident: _____

Location of the Problem (School Name, Address and Room Number or Location):

_____

_____

_____

_____

1. Identify the person or persons against whom your allegations are made:

_____

_____

_____

_____

2. Describe the nature of your complaint, the incident(s) or events(s), date(s), time(s), and place(s). Attach additional pages to this complaint if necessary.

_____

_____

_____

_____

3. To whom have you gone for resolution of the complaint? What did you or others do to try to resolve the complaint? What was the outcome?

_____

_____

_____

_____

4. Identify others who may have observed or witnessed the incident(s) that you described.

Name	Address	Telephone	Position

5. Identify others who you believe may have experienced the same situation.

Name	Address	Telephone	Position

6. Do you have any documents that support your allegation? (Please list and attach a copy.)

_____

_____

_____

_____

To the best of my knowledge, the information I have submitted is accurate. By signing below you attest you have read the school Charter Schools policy of Uniform Complaint Procedures. If you wish to submit a complaint anonymously, please contact the Charter School office via telephone, 707-545-0102

_____

Signature of person filing complaint Date

This complaint form must be submitted to the office at the address listed below.

Dr. Jason Lea, Superintendent/Director
Roseland School District/Roseland Charter School
1691 Burbank Avenue
Santa Rosa, CA 95407

For Office Use Only
Complaint Received By: _____ Date/Time:_____

This section is to be completed by Director or designee.

Explain Action Taken (attach additional sheets if necessary).

☐ Informal Resolution Attempted:

☐ Referral to:

☐ Investigation:

☐ Other:

Final Disposition: (Attach copies of documents indicating status of complaint, include outcome and date complainant was notified of outcome). Follow-up 45-60 days later if needed on actions taken.

Name	Title	Date