



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:

- Grid of checkboxes for noncompliance categories: Adult Education, Career Technical and Technical Education/Career Technical and Technical Training, Child Care and Development, Consolidated Categorical Aid Programs, 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, Every Student Succeeds Act, Local Control Funding Formula/ Local Control and Accountability Plan, Migrant Education Programs, Regional Occupational Centers and Programs, School Plans for School Achievement, School Safety Plan, Pupil Fees, Pregnant, Parenting or Lactating Students.

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:

- Grid of checkboxes for discrimination/bullying basis: Age, Ancestry, Color, Genetic Information, Immigration Status/Citizenship, Sex (Actual or Perceived), Sexual Orientation (Actual or Perceived).

Disability (Mental or Physical)

Ethnic Group Identification

Gender / Gender Expression / Gender Identity

Marital Status

Medical Condition

Nationality / National Origin

Race or Ethnicity

Religion

Based on association with a person or group with one or more of these actual or perceived characteristics

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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Have you discussed your complaint or brought your complaint to any Altus Schools Coachella Valley personnel? If you have, to whom did you take the complaint, and what was the result?

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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 Chief of Staff & Compliance Officer:

Elizabeth Orona  
Chief of Staff & Compliance Officer  
10170 Huennekens Street  
San Diego, CA 92121  
(858) 678-4811