



### 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"/> Adult Education  | <input type="checkbox"/> 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 | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Career Technical and Technical Education/Career Technical and Technical Training | <input type="checkbox"/> Every Student Succeeds Act  | <input type="checkbox"/> School Plans for School Achievement        |
| <input type="checkbox"/> Child Care and Development   | <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan  | <input type="checkbox"/> School Safety Plan                         |
| <input type="checkbox"/> Consolidated Categorical Aid Programs  | <input type="checkbox"/> Migrant Education Programs  | <input type="checkbox"/> Pupil Fees                                 |
|   |  | <input type="checkbox"/> 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:

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> Age      | <input type="checkbox"/> Genetic Information            | <input type="checkbox"/> Sex (Actual or Perceived)                |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Immigration Status/Citizenship | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Color    | <input type="checkbox"/> Marital Status                 |   |

Disability (Mental or Physical)

Medical Condition

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

Ethnic Group Identification

Nationality / National Origin

Race or Ethnicity

Gender / Gender Expression / Gender Identity

Religion

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 Audeo Charter School II 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