

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: _____

Charter 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"/> Migrant Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Career/Technical Education |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Foster/Homeless Youth |
| <input type="checkbox"/> Pupil Fees | <input type="checkbox"/> No Child Left Behind/ Every Student Succeeds Act Programs | <input type="checkbox"/> Educational Rights and Coursework and Graduation Requirements for Foster Youth, Homeless Youth, Former Juvenile Court Students, Military Family Students, Migratory Students and Newly Arrived Immigrant Students |
| <input type="checkbox"/> Regional Occupational Programs | <input type="checkbox"/> Local Control Funding Formula/ LCAP | |
| <input type="checkbox"/> Tobacco-Use Prevention Education | <input type="checkbox"/> Pregnant and Parenting Students | |
| <input type="checkbox"/> Lactating Pupils | | |

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"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity | |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Immigration Status | | |

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.

2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to whom did you take the complaint, and what was the result?

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:

Mission Academy
Dr. Christine Kasitz
Director of Educational Technology and Online
32248 Crown Valley Rd., Rm. 114
Acton, CA 93570-2620
844-788-3965
UCPOfficer@missionacademyhs.org