

**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.

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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?

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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:

**Mission Academy**  
Jenna Unis  
Principal  
32248 Crown Valley Rd., Rm. 114  
Acton, CA 93570-2620  
844-788-3965  
[UCPOfficer@missionacademyhs.org](mailto:UCPOfficer@missionacademyhs.org)