## **UNIFORM COMPLAINT PROCEDURE FORM**

Last Name:		First N	lame/MI:	
Student Name (if applicable):			_Grade:	Date of Birth:
Street Address/Apt. #:				
City:		State:		_Zip Code:
Home Phone:	Cell Phone:		Work P	hone:

Charter School/Office of Alleged Violation:

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

Career Technical and Technical Education/Career Technical and	Education of Students in Foster Care, Students who are Homeless,	Regional Occupational Centers and Programs
Technical Training	former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of	School Plan for Student Achievement
Programs	Military Families	School Safety Plan
	Every Student Succeeds Act	Pupil Fees
	Local Control Funding Formula/ Local Control and Accountability Plan	Pregnant, Parenting or Lactating Students
	Migrant Education Programs	

## 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:

Age	Gender / Gender Expression /	Sex (Actual or Perceived)
Ancestry	Gender Identity	Sexual Orientation (Actual or
Color	Genetic Information	Perceived)
Disability (Mental or Physical)	Marital Status	Based on association with a person or group with one or more of these
Ethnic Group Identification	Medical Condition	actual or perceived characteristics
Immigration Status/	National Origin/Nationality	
Citizenship	Race or Ethnicity	
	Religion	

1.	Please give facts about the complaint.	Provide details such as the names of those involved, dates, whethe	r witnesses
	were present, etc., that may be helpful t	to the complaint investigator.	

2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to who 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
Signatura
Signature:Date:
Mail complaint and any relevant documents to:
Vista Real Charter High School
Corrine Manley, Area Superintendent
401 South A St. Suite 3
Oxnard, CA 93030 (205) 486 5440
(805) 486-5449
<u>UCPOfficer@vrchs.org</u>
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