

## 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:**

Career Technical and Technical Education/Career Technical and Technical Training

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 Plan for Student 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:**

Age

Ancestry

Color

Disability (Mental or Physical)

Ethnic Group Identification

Immigration Status/  
Citizenship

Gender / Gender Expression /  
Gender Identity

Genetic Information

Marital Status

Medical Condition

National Origin/Nationality

Race or Ethnicity

Religion

Sex (Actual or Perceived)

Sexual Orientation (Actual or  
Perceived)

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

