

Uniform Complaint Procedures Form

Check the appropriate box:

Last Name _____ ☐ Student ☐ Parent/Guardian ☐ Employee
 First Name _____ ☐ Public Agency ☐ Other Organization
 Student Name (if applicable) _____ Grade _____
 Date of Birth _____
 Address _____
 City _____ State _____
 Zip Code _____ Home Phone _____ Cell Phone _____
 Work Phone _____

Date of Alleged Violation _____ School/Office of Alleged Violation _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|--|---|
| ☐ Adult Education | ☐ Consolidated Categorical Aid | ☐ Migrant/Indian Educ. |
| ☐ Career Technical Education | ☐ Child Care & Development | ☐ Nutrition Services |
| ☐ Special Education | ☐ Pupil Fees for Educational Activities | ☐ Lactation |
| ☐ After School Education & Safety | | ☐ School Facilities |
| ☐ Agricultural Vocational Education | | ☐ Bilingual Education |
| ☐ Foster and/or Homeless Youth | | |
| ☐ Local Control Funding Formula/Accountability Plans | | |
| ☐ Regional Occupational & Workforce Development Centers & Programs | | |
| ☐ Tobacco-Use Prevention Education | | |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check the protected classes (actual or perceived), upon which the alleged conduct was based, listed below:

- | | | |
|---|--|--|
| ☐ Actual or Perceived Sex | ☐ Sexual Orientation | ☐ Gender |
| ☐ Gender Identity | ☐ Gender Expression | ☐ Ancestry |
| ☐ Ethnic Group Identification | ☐ Race or Ethnicity | ☐ Religion |
| ☐ Nationality | ☐ National Origin | ☐ Age |
| ☐ Color | ☐ Mental or Physical Disability | ☐ Lactating Student |
| ☐ Association with a person or group with one or more of the actual or perceived categories listed above | | |

For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the Title IX/Bullying Complaint Manager, School Principal, or the Operations Coordinator in your Educational Service Center (ESC).

1. Please give the facts about your 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 attempted to discuss your complaint with any School personnel? If so, with whom 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 or fax your complaint/documents to:

For more information, please contact:

Pete Faragia, Regional Vice President

pfaragia@learn4life.org | Phone # (661) 272-1225