**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: ______________________

School/Office of Alleged Violation: ______________________________________________________________________

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

- [ ] Adult Education
- [ ] After School Education and Safety
- [ ] Child Development Programs
- [ ] Consolidated Categorical Aid
- [ ] Career/Technical Education
- [ ] Child Nutrition
- [ ] Foster/Homeless Youth
- [ ] Migrant Education
- [ ] No Child Left Behind Programs
- [ ] Lactating Pupils
- [ ] Special Education
- [ ] Every Student Succeeds Act Prog.
- [ ] Juvenile Court School Pupils
- [ ] Pupil Fees
- [ ] Local Control Funding Formula/Local Control and Accountability Plan

**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
- [ ] Gender / Gender Expression / Gender Identity
- [ ] Genetic Information
- [ ] National Origin
- [ ] 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
- [ ] Immigration Status
- [ ] Marital 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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___________________________________________________________________________________________________
___________________________________________________________________________________________________

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Last revised 08/17/2018
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:
Kapil Mathur, Executive Director
Orange County Academy of Sciences and Arts
29292 Crown Valley Parkway
Laguna Niguel, CA 92677

(949) 269-3290