

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> After School Education and Safety | |
| <input type="checkbox"/> Child Development Programs | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Career/Technical Education |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Foster/Homeless Youth |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> No Child Left Behind Programs | <input type="checkbox"/> Lactating Pupils |
| <input type="checkbox"/> Pupil Fees | <input type="checkbox"/> Every Student Succeeds Act Prog. | <input type="checkbox"/> Juvenile Court School Pupils |
| | <input type="checkbox"/> 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:

- | | | |
|--|--|--|
| <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"/> Marital Status |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Medical Condition | | |
| <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.

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