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

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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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?

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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:

San Diego Mission Academy
Lindsay Reese, Area Superintendent
9512 Chesapeake Dr. Suite 402
San Diego, CA 92123
(833) 772-5106
UCPofficer@sdmissionacademy.org