

Uniform Complaint Procedures

COMPLAINT FORM

Contact Information

Last Name:

First Name:

Address:

Apt#:

City:

State:

Zip:

Home Phone:

Work or Cell Phone:

Complainant

You are filing this complaint on behalf of

Parent/Guardian

Pupil

Witness to the Incident

Other

School Information

School Name:

Grade:

Principal:

Basis of Complaint (check any boxes that apply)

District violation of state or federal law or regulations governing:

Special Education

Title II

Section 504 of the Rehabilitation Act

Local Control Accountability Plan

Consolidated Categorical Aid

Migrant Education

Child Nutrition Program

Child Care & Development Programs

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

Age

Ancestry

Color

Physical or Mental Disability

Ethnic Group Identification

Gender Expression

Gender Identity

Gender

Genetic Information

Marital or Parental Status

Sex

Sexual Orientation

Race

National Origin

Religion

Sexual Harassment (Title IX)

Association with any of these actual or perceived characteristics

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Allegations of noncompliance of the following:

- Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred:

List the **individuals** involved in the incident(s) complaint of:

List any **witnesses** to the incident(s):

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of Person Filing Complaint

Date

Please submit this complaint to:

SCHOOL: Newman Leadership Academy

ADDRESS: 1314 E Date St.

CITY STATE ZIP: San Bernardino, CA 92404

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EMAIL: sdorner@newmanleadershipacademy.org

