UNIFORM COMPLAINT PROCEDURE FORM

Last Name:	First Name/MI:		
Student Name (if applicable):	Grad	e:Date of Birth:	
Street Address/Apt. #:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Charter School/Office of Alleged Violation	tion: _		
For allegation(s) of noncompliance, ple	ease check the program or activity refer	red to in your complaint, if applicable:	
Career Technical and Technical Education/Career Technical and	☐ 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	Regional Occupational Centers and Programs	
Technical Training ☐ Consolidated Categorical Aid Programs		School Plan for Student Achievement	
		School Safety Plan	
	Every Student Succeeds Act	☐ Pupil Fees	
	Local Control Funding Formula/ Local Control and Accountability Plan	Pregnant, Parenting or Lactating Students	
	Migrant Education Programs		
	ination, harassment, intimidation or b intimidation or bullying described in yo		
☐ Age	Gender / Gender Expression /	Sex (Actual or Perceived)	
☐ Ancestry	Gender Identity	Sexual Orientation (Actual or	
☐ Color	Genetic Information	Perceived) Based on association with a persor	
Disability (Mental or Physical)	Marital Status	or group with one or more of these actual or perceived characteristics	
☐ Ethnic Group Identification	☐ Medical Condition		
Immigration Status/	☐ National Origin/Nationality		
Citizenship	Race or Ethnicity		
	Religion		

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.	2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to vidid 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		
Sig	nature:Date:		
Ma	ail complaint and any relevant documents to:		
Ja: 11 He (7	ta Vista Innovation High School net Wilson, Area Superintendent 988 Hesperia Rd. Suite B esperia, CA 92345 60) 947-0006 CPOfficer@innovationaltavista.org		

Uniform Complaint Policy and Procedures – Form Last revised: 04/09/2024