

**Uniform
Complaint Procedures**

COMPLAINT

FORM

I. Contact Information

Last Name: _____ First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of:

Parent/Guardian Pupil Witness to the Incident Other

III. School Information

School Name: _____

Grade: _____ Principal: _____

IV. Basis of Complaint (check any boxes that apply)

District violation of state or federal law or regulations governing:

- | | |
|--|--|
| <input type="checkbox"/> Accommodations for Pregnant and Parenting Pupils | <input type="checkbox"/> Course Periods without Educational Content |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district |
| <input type="checkbox"/> After School Education and Security | |
| <input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training Programs | |
| <input type="checkbox"/> Child Care and Development | |
| <input type="checkbox"/> Compensatory Education | |
| <input type="checkbox"/> Consolidated Categorical Aid | |

- Every Student Succeeds Act
- Local Control and Accountability Plans (LCAP)
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Plans for Student Achievement
- School site Councils
- State Preschool
- State Preschool Health and Safety Issues in LEAs Exempt From Licensing

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

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

V. 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:

Dr. Charity Plaxton-Hennings
Executive Director
TVCS
35755 Abelia St
Winchester, CA 92596
cplaxton-hennings@tvscougars.com