UNIFORM 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:

☐ Accommodations for Pregnant and Parenting Pupils
☐ Adult Education
☐ After School Education and Security
☐ Career Technical and Technical Education and Career Technical and Technical Training Programs
☐ Child Care and Development
☐ Compensatory Education
☐ Consolidated Categorical Aid
☐ Course Periods without Educational Content
☐ 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
☐ Every Student Succeeds Act
☐ Local Control and Accountability Plans (LCAP)
☐ Migrant Education
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 allege 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:

Collin Felch, Deputy Superintendent & Complaint Manager
Vista Charter Public Schools
2900 W. Temple St. Los Angeles, CA 90026
Phone: (213) 201-4000
Email: cfelch@vistacharterps.org