

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: _____

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 and Training | ☐ Every Student Succeeds Act | ☐ School Plans for School Achievement |
| ☐ Child Care and Development Programs | ☐ Local Control Funding Formula/ Local Control and Accountability Plan | ☐ Pupil Fees |
| ☐ Consolidated Categorical Aid Programs | ☐ Migrant Child Education Programs | ☐ Pregnant, Parenting, or Lactating Students |
| ☐ Education or graduation 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 | | |

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 | ☐ Genetic Information | ☐ Sex (Actual or Perceived) |
| ☐ Ancestry | ☐ Immigration Status/Citizenship | ☐ Sexual Orientation (Actual or Perceived) |
| ☐ Color | ☐ Marital Status | ☐ Based on association with a person or group with one or more of these actual or perceived characteristics |
| ☐ Disability (Mental or Physical) | ☐ Medical Condition | |
| ☐ Ethnic Group Identification | ☐ Nationality / National Origin | |
| ☐ Gender / Gender Expression / Gender Identity | ☐ 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. 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?

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 the Compliance Officer:

Collin Felch, Superintendent & Complaint Manager
Vista Charter Public Schools
601 North Fairview Street, Santa Ana, CA 92703
Phone: (714) 881-7407
Email: cfelch@vistacharterps.org