

## 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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Education            | <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Agricultural Vocational Education  |
| <input type="checkbox"/> American Indian Education  | <input type="checkbox"/> Bilingual Education               | <input type="checkbox"/> CA Peer Assistance and Review      |
| <input type="checkbox"/> Career Technical Education | <input type="checkbox"/> Child Care and Development        | <input type="checkbox"/> Child Nutrition                    |
| <input type="checkbox"/> Compensatory Education     | <input type="checkbox"/> Consolidated Categorical Aid      | <input type="checkbox"/> Course Periods w/out Ed. Content   |
| <input type="checkbox"/> Economic Impact Aid        | <input type="checkbox"/> Homeless and Foster Students      | <input type="checkbox"/> Former Juvenile Court Pupils       |
| <input type="checkbox"/> English Learner Programs   | <input type="checkbox"/> ESSA / NCLB (Titles I – IV)       | <input type="checkbox"/> Local Control Accountability Plans |
| <input type="checkbox"/> Migrant Education          | <input type="checkbox"/> Pupil Fees                        | <input type="checkbox"/> Lactating Pupils                   |
| <input type="checkbox"/> School Safety Plans        | <input type="checkbox"/> Special Education                 | <input type="checkbox"/> Tobacco-Use Prevention Education   |

**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:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Age                             | <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived)   |
| <input type="checkbox"/> Ancestry                        | <input type="checkbox"/> Genetic Information                          | <input type="checkbox"/> Sexual Orientation (Actual or Perceived)  |
| <input type="checkbox"/> Color                           | <input type="checkbox"/> National Origin                              | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity                            |  |
| <input type="checkbox"/> Ethnic Group Identification     | <input type="checkbox"/> 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.

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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?

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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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail complaint and any relevant documents to:

**Tracie Bowdoin**  
Interim CEO/Principal  
Birmingham Community Charter High  
School 1700 Haynes Street  
Van Nuys, CA 91406  
(818) 758-5200