



# Pathways to College K-8

9144 3<sup>rd</sup> Ave | Hesperia, CA 92345

Mailing: P.O. Box 401448 | Hesperia, CA 92340-1448

P: (760) 949-8002 | F: (760) 947-9648

## UNIFORM COMPLAINT FORM

### I. Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/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:

Special Education

Child Care & Developmental Programs

Title II

Migrant Education

Section 504 of the Rehabilitation Act

Child Nutrition Program

Local Control Accountability Plan

Career and Technical Education

Consolidated Categorical Act

Training Programs

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying, based on actual or perceived characteristics of the following:

Age

Ancestry

Color

Sex

Physical or Mental Disability

Sexual Orientation

Ethnic Group Identification

Race

Gender Expression

National Origin

Gender Identity

Religion

Gender

Sexual Harassment (Title IX)

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Uniform Complaint Form

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- Genetic Information
- Marital or Parental Status

- 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.

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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:

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List the individuals involved in the incident(s) complaint of:

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List any witnesses to the incident(s):

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What steps, if any, have you taken to resolve this issue before filing a complaint?

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\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Date

*Please submit this complaint to:*

Pathways to College K-8 Charter School  
Craig Merrill, Principal/Executive Director  
9144 3<sup>rd</sup> Avenue | Hesperia, CA 92345  
[Craig.Merrill@pathwaysk8.com](mailto:Craig.Merrill@pathwaysk8.com)