

Ivy Academia

Uniform Complaint Procedures Form

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade _____ Date of Birth _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Date of Alleged Violation _____ School/Office of Alleged Violation _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Child Care & Development |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Regional Occupational Centers and Programs | |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Foster/Homeless |
| <input type="checkbox"/> After School Education/Safety | <input type="checkbox"/> Agricultural Vocational Education | <input type="checkbox"/> NCLB |
| <input type="checkbox"/> Tobacco-Use Education | <input type="checkbox"/> Local Control Accountability Plan | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> Economic Impact Aid |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> School Safety Plans | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers | | |
| <input type="checkbox"/> Career/Technical Education, Career Technical and Technical Education, and Career Technical and Technical Training | | |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education | | |
| <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program Assessments | | |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above | | |

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact the Executive Director at 818-716-0771.

