



**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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date of Alleged Violation(s): \_\_\_\_\_  
 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"/> After School Education and Safety                          | <input type="checkbox"/> Child Nutrition  | <input type="checkbox"/> Compensatory Education           |
| <input type="checkbox"/> Consolidated Categorical Aid                               | <input type="checkbox"/> Foster/Homeless Youth, Former Juvenile Court Pupils, Pupils from Military Families | <input type="checkbox"/> English Learner Programs         |
| <input type="checkbox"/> Every Student Succeeds Act / No Child Left Behind Programs | <input type="checkbox"/> Local Control and Accountability Plans (LCAP)                                      | <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 |
| <input type="checkbox"/> Other (please describe): _____                             |   |   |

**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"/> Immigration Status  |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity                            | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Ethnic Group Identification     | <input type="checkbox"/> Religion                                     |  |
| <input type="checkbox"/> Other (please describe): _____  |   |  |



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.

Horizontal lines for writing the complaint details.

2. Have you discussed your complaint or brought your complaint to any School personnel? If you have, to whom did you take the complaint, and what was the result?

Horizontal lines for writing the response to question 2.

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: \_\_\_\_\_

Send complaint and any relevant documents to:

David Lauck, Chief Business Officer
Alliance College-Ready Public Schools
601 S. Figueroa Street, 4th Floor
Los Angeles, CA 90017
(213) 943-4930
dlauck@laalliance.org

For internal use only: Code: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_