**Uniform Complaint Procedures**

**COMPLAINT FORM**

## Contact Information

Last Name: First Name:

Address: Apt#:

City: State: Zip:

Home Phone: Work or Cell Phone:

## Complainant

You are filing this complaint on behalf of:

* Parent/Guardian  Pupil  Witness to the Incident  Other

## School Information

School Name:

Grade: Principal:

## Basis of Complaint (check any boxes that apply)

District violation of state or federal law or regulations governing:

* + Special Education
  + Title II
  + Section 504 of the Rehabilitation Act
  + Local Control Accountability Plan
  + Consolidated Categorical Aid
  + Child Care & Development Programs
  + Migrant Education
  + Child Nutrition Program
  + Career and Technical Education Training Programs

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

* Age
* Ancestry
* Color
* Physical or Mental Disability
* Ethnic Group Identification
* Gender Expression
* Gender Identity
* Gender
* Genetic Information
* Marital or Parental Status
* Sex
* Sexual Orientation
* Race
* National Origin
* Religion
* Sexual Harassment (Title IX)
* 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

## Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

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 allege acts first came to your attention and location(s) where the incident(s) occurred:

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

List any **witnesses** to the incident(s):

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

## Signature of Person Filing Complaint Date

Please submit this complaint to:

Cielo Vista Charter

Cielo Vista Main Office/Devlinn Clinton

650 S. Paseo Dorotea

Palm Springs, California 92264

dclinton@psusd.us