



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 or noncompliance, please check the program or activity referred to in your complaint, if applicable.

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Child Care & Development |
| <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"/> 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 | | |

