

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: _____
School/Office of Alleged Violation: _____

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- After School Education and Safety
- American Indian Education
- Bilingual Education
- Consolidated Categorical Aid
- Child Nutrition
- Compensatory Education
- Economic Impact Aid
- Every Student Succeeds Act / No Child Left Behind Programs
- Foster/Homeless Youth Education
- Local Control Funding Formula/ Local Control and Accountability Plan
- Migrant Education
- School Safety Plan
- Special Education
- Pupil Fees
- Pupils from Military Families
- Migratory Pupils
- Tobacco-Use Prevention

Education 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:

- Age
- Ancestry
- Color
- Disability (Mental or Physical)
- Ethnic Group Identification
- Gender/Gender Expression / Gender Identity
- Genetic Information
- Immigration Status/Citizenship
- Marital Status
- Medical Condition
- Nationality / National Origin
- Race or Ethnicity
- Religion
- Sex (Actual or Perceived)
- Sexual Orientation (Actual or Perceived)
- Based on association with a person or group with one or more of these actual or perceived characteristics

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.

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

3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

Signature: _____ Date: _____

Mail complaint and any relevant documents to the Compliance Officer:

Sarah Saluta
Executive Director
San Diego Cooperative Charter School
7260 Linda Vista Rd., San Diego, CA 92111
858-496-1613