

Assurance Learning Academy Uniform Complaint Procedures Form

Last Name _____

Check the appropriate box:

First Name _____

Student Parent/Guardian Employee

Public Agency Other Organization

Student Name (if applicable) _____ Grade _____

Date of Birth _____

Address _____

City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____

Work Phone _____

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"/> After School Education and Safety | <input type="checkbox"/> Agricultural Vocational Education |
| <input type="checkbox"/> American Indian Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Career/Technical Education |
| <input type="checkbox"/> Child Development Programs | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Foster/Homeless Youth |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> No Child Left Behind Programs | <input type="checkbox"/> Regional Occupational & Workforce Development Programs |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Every Student Succeeds Act Prog. | <input type="checkbox"/> Tobacco-Use Prevention Education |
| <input type="checkbox"/> Pupil Fees | <input type="checkbox"/> Local Control Funding Formula | <input type="checkbox"/> Lactating Pupils |
| <input type="checkbox"/> Bilingual Education | | |

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

- | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <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"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity | |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Marital Status |

It is the policy of the Charter School that complainants are not retaliated against for making a complaint pursuant to these policies and that the identity of complainants alleging discrimination will remain confidential as appropriate, and Charter School will maintain the integrity of the process.

For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the Compliance Officer listed at the bottom of this form for additional information.

1. Please give the facts about your 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 facts of the complaint.

2. Have you attempted to discuss your complaint with any School personnel? If so, with whom 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_____

Mail or fax your complaint/documents to the Compliance Officer at:

Julie Parra, Regional Vice President
jparra@innovationhigh.org | Phone # (661) 874-1607 | Fax # (661) 242-2506
177 Holston Dr. Lancaster, CA 93535