

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:

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

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:

- Age
- Ancestry
- Color
- Disability (Mental or Physical)
- Ethnic Group Identification
- Medical Condition
- Gender / Gender Expression / Gender Identity
- Genetic Information
- National Origin
- Race or Ethnicity
- Religion
- Immigration Status
- 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
- 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.

Multiple horizontal lines for writing the details of the complaint.

2. Have you attempted to discuss your complaint with any School personnel? If so, with whom and what was the result?

Multiple 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
UCPOfficer@assurancelearning.org
Phone #(661) 874-1607 | Fax # (661) 945-2430
43145 Business Center., Ste. 102-103 Lancaster, CA 93535-4564