

## 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: \_\_\_\_\_

Charter School/Office of Alleged Violation: \_

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

Career Technical and Technical Education/Career Technical and Technical Training

Consolidated Categorical Aid Programs

Education of Students in Foster Care, Students who are Homeless, former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of Military Families

Every Student Succeeds Act

Local Control Funding Formula/ Local Control and Accountability Plan

Migrant Education Programs

Regional Occupational Centers and Programs

School Plan for Student Achievement

School Safety Plan

Pupil Fees

Pregnant, Parenting or Lactating Students

**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

Immigration Status/  
Citizenship

Gender / Gender Expression /  
Gender Identity

Genetic Information

Marital Status

Medical Condition

National Origin/Nationality

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.

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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?

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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 complaint and any relevant documents to:

**Assurance Learning Academy**  
Michelle Berry, Area Superintendent  
43145 Business Center Parkway Ste. 102-103  
Lancaster, CA 93534  
(661) 874-1607  
[UCPOfficer@assurancelearning.org](mailto:UCPOfficer@assurancelearning.org)