## UNIFORM COMPLAINT PROCEDURE FORM

Last Name:	First Name/MI:	
Student Name (if applicable):	Gr	ade:Date of Birth:
Street Address/Apt. #:		
City:	State:	Zip Code:
Home Phone:	_Cell Phone:	Work Phone:
Charter School/Office of Alleged Viola	ation: _	
For allegation(s) of noncompliance, p	lease check the program or activity ref	erred 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,	and Programs
	former Juvenile Court Students nov enrolled in a Public School, Migratory Children and Children o	School Plan for Student
	Military Families	School Safety Plan
	Every Student Succeeds Act	☐ Pupil Fees
	<ul><li>Local Control Funding Formula Local Control and Accountability Plan</li></ul>	Pregnant, Parenting or Lactating Students
	☐ Migrant Education Programs	
	nination, harassment, intimidation or intimidation or bullying described in y	bullying, please check the basis of the your complaint, if applicable:
☐ Age	Gender / Gender Expression /	Sex (Actual or Perceived)
☐ Ancestry	Gender Identity	Sexual Orientation (Actual or
Color	Genetic Information	Perceived)  Based on association with a persor
Disability (Mental or Physical)	Marital Status	or group with one or more of these
☐ Ethnic Group Identification	Medical Condition	actual or perceived characteristics
Immigration Status/	☐ National Origin/Nationality	
Citizenship	Race or Ethnicity	
	Religion	

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?		
3.	Please provide copies of any written documents that may be relevant or supportive of your complaint.  I have attached supporting documents:   Yes   No		
Sig	gnature:Date:		
M	ail complaint and any relevant documents to:		
Sł	rescent Valley Public Charter School II nellie Hanes, Area Superintendent		
	6 East Main St.		
	isalia, CA 92391 59) 316-0295		
	CPOfficer@crescentvalley2.org		

Uniform Complaint Policy and Procedures – Form Last revised: 10/12/2021