Rocky Point Charter School
Uniform Complaint Reporting Form

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures to address complaints alleging unlawful discrimination (such as discriminatory harassment, intimidation, or bullying) against any protected group, complaints alleging violation of state or federal laws governing educational programs, the charging of unlawful pupil fees and the non-compliance of our Local Control and Accountability Plan (LCAP).

To be checked by complainant:

☐ Parent/Guardian ☐ Student ☐ District Employee ☐ Other

Last Name_____ First Name_____

Student Name (*if applicable*)_____Grade_____ Date of Birth_____

Address_____ Apt. #_____

City_____State_____ Zip Code_____

Home Phone_____Cell Phone_____Work Phone_____

Email Address_____

Date of Alleged Violation_____ School/Office of Alleged Violation _____

You are filing this complaint on behalf of: _____
☐ Yourself ☐ Your Child or a Student ☐ Another Student ☐ A Group

For allegations of noncompliance of state or federal laws governing educational programs, please check the program or activity referred to in your complaint, if applicable:

___ Adult Education
___ After School Education & Safety
___ Agricultural Vocational Education
___ American Indian & Early Childhood Ed Program Assessments
___ Bilingual Education
___ California Peer Assistance & Review Programs for Teachers
___ Career Technical Education & Training
___ Child Care & Development (including State Preschool)
___ Child Nutrition Services
___ Consolidated Categorical Aid/Economic Impact Aid
___ Economic Impact Aid
___ Education of Foster and Homeless Youth
___ Every Student Succeeds Act/No Child Left Behind
___ Instruction: Courses without Educational Content or Previously Completed Courses
___ Local Control Accountability Plan
___ Migrant Education
___ Physical Ed – Instructional Minutes
___ Pupil Fees
___ Regional Occupational Programs
___ School Safety Plans
___ Special Education/Compensatory Ed
___ Student Lactation Accommodations
___ Tobacco/Use Prevention Education

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

___ Sex
___ Gender Identity
___ Ethnic Group Identification
___ Nationality
___ Color
___ Sexual Orientation
___ Gender Expression
___ Race or Ethnicity
___ National Origin
___ Mental or Physical Disability
___ Gender
___ Ancestry
___ Religion
___ Age
___ Lactating Student
___ Marital, Pregnancy or Parental Status
___ Genetic Information
___ Association with a person or group with one or more of the actual or perceived categories listed above

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Principal/Administrator or school Title IX Officer.

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Details of Complaint:

Please **describe** the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:

List the names of **individuals** involved in the incident(s) complaint:

List any **witnesses** to the incident(s):

Describe the **location where** the incident(s) occurred:

Please list **all the date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

What steps, if any, have you taken to resolve this issue before filing a complaint?

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

I have attached supporting documents. ☐ Yes ☐ No

_____	_____	_____	_____
Signature of person filing complaint	Date	Received by & Title	Date

Please provide a duplicate copy to the complainant.