UNIFORM COMPLAINT PROCEDURE FORM

Last Name:	First Name/MI:		
Student Name (if applicable):	Grad	de:Date of Birth:	
Street Address/Apt. #:			
City:	State:	Zip Code:	
Home Phone:	_Cell Phone:	Work Phone:	
Charter School/Office of Alleged Viola	ition: _		
For allegation(s) of noncompliance, pl	lease check the program or activity refe	rred to in your complaint, if applicable:	
Career Technical and Technical Education/Career Technical and	☐ Education of Students in Foster Care, Students who are Homeless,	Regional Occupational Centers and Programs	
Technical Training ☐ Consolidated Categorical Aid	former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of	School Plan for Student Achievement	
Programs	Military Families	School Safety Plan	
	Every Student Succeeds Act	☐ Pupil Fees	
	Local Control Funding Formula/ Local Control and Accountability Plan	Pregnant, Parenting or Lactating Students	
	☐ Migrant Education Programs		
	nination, harassment, intimidation or intimidation or bullying described in yo	bullying, please check the basis of the our complaint, if applicable:	
☐ Age	Gender / Gender Expression /	Sex (Actual or Perceived)	
Ancestry	Gender Identity	Sexual Orientation (Actual or Perceived)	
Color	Genetic Information	Based on association with a persor	
Disability (Mental or Physical)	Marital Status	or group with one or more of these actual or perceived characteristics	
☐ Ethnic Group Identification	☐ Medical Condition		
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	nature:Date:
Ma	ail complaint and any relevant documents to:
M 26 Sa (6	ission View Public Charter ichelle Berry, Area Superintendent i334 Citrus St. inta Clarita, CA 91355 61) 874-1341 CPOfficer@missionview.org

Uniform Complaint Policy and Procedures – Form Last revised: 10/13/2021