## 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:V	Vork Phone:
Charter School/Office of Alleged Viole	ation: _	
For allegation(s) of noncompliance, p	olease check the program or activity refer	red 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	Regional Occupational Centers and Programs
		School Plan for Student Achievement
		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	
9 , ,	mination, harassment, intimidation or be , intimidation or bullying described in you	• 0, 1
☐ Age	Gender / Gender Expression /	Sex (Actual or Perceived)
Ancestry	Gender Identity	Sexual Orientation (Actual or
Color	Genetic Information	Perceived)  Based on association with a person
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	gnature:Date:		
M	ail complaint and any relevant documents to:		
Co 26 Sa (6	Cission View Public Charter Orrine Manely, Area Superintendent 6334 Citrus St. Onta Clarita, CA 91355 61) 874-1341 CPOfficer@missionview.org		

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