

AMERICAN INDIAN MODEL SCHOOLS 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 (____) _____

AIMS School/Office of Alleged Violation _____

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

- After School Education & Safety Consolidated Application Course Periods without Education Content
- Education of pupils in Foster Care, Pupils who are homeless, Former Juvenile Court Pupils Enrolled in a School District and Pupils of Military Families Every Student Success Act Local Control & Accountability Plans (LCAP)
- Consolidated Categorical Aid Programs Migrant Education Physical Education Instructional Minutes
- Pupil Fees School Plans for Student Achievement School Safety Plans School-site Councils
- Special Education Programs Adult Education Programs Reasonable Accommodations for a Lactating Pupil
- Compensatory Education Accommodations for Pregnant and Parenting Pupils Child Care and Development

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 Gender/Gender Expression/Gender Identify Sex (actual or perceived) Ancestry
- Genetic Information Sexual Orientation (actual or perceived) Ethnic Group Identification
- National Origin Race or Ethnicity Religion Disability (Mental or Physical) Color
- 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
