

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: _____

School/Office of Alleged Violation: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Education Programs | <input type="checkbox"/> Migrant Child Education Programs |
| <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Physical Education Instructional Minutes |
| <input type="checkbox"/> Agricultural Career Technical Education | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Career Technical and Technical Education and Training | <input type="checkbox"/> Reasonable Accommodations to a Lactating Student |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> School Plans for School Achievement |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Schoolsite Councils |
| <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Educational and Graduation Requirements of Students in Foster Care, Students who are Homeless, former Juvenile Court Students now enrolled in a school district, Migratory Children, Children of Military Families, and Students participating in a newcomer program | <input type="checkbox"/> State Preschool Programs |
| <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> State Preschool Health and Safety Issues in LEAs Exempt from Licensing |
| <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan | <input type="checkbox"/> Pregnant and Parenting Student |
| | <input type="checkbox"/> Any other state or federal educational program the State or Superintendent of Public Instruction or designee deems appropriate |

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:

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Sex (Actual or Perceived) | <input type="checkbox"/> Nationality / National Origin |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Race or Ethnicity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Gender / Gender Expression / Gender Identity | |
| <input type="checkbox"/> Immigration Status/Citizenship | |

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.

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

Signature: _____ Date: _____

Mail complaint and any relevant documents to the Compliance Officer:

Dr. Richard Savage
Superintendent
c/o California Online Public Schools
33272 Valle Rd.
San Juan Capistrano, CA 92675
(800) 906-5166