For Office Use Only

Revised 11/18/19

## **UNIFORM COMPLAINT PROCEDURE**

Complaint Form for Discrimination in Programs

			C	ase #:
Check One  □ Employee	□ Applicant	□ Parent/Guardian	□ Public	□ Student
Last Name:		First Name	/MI:	
Student Name (if a	applicable):		_ Grade: Dat	e of Birth:
Street Address/Ap	ot. #:			
City:		State:	Zip Co	de:
Home Phone:		Cell Phone:	Work Pho	one:
School/Office of A	Alleged Violation: _			
For allegation(s) applicable:	of noncompliance,	please check the program	n or activity referre	d to in your complaint, if
Child Develo	pment Programs	☐ Child Nutrition		Consolidated Categorical Aid
☐ Every Studen	t Succeeds Act Prog	g.	Youth	☐ Migrant Education
☐ No Child Lef	t Behind Programs	Special Education		
				ng, please check the basis of your complaint, if applicable:
	i illilliation, nai assi			
☐ Age	,	Gender / Gender  Gender Identity	Expression /	Sex (Actual or Perceived)  Sexual Orientation (Actual or
☐ Ancestry	,		tion	<del></del>
☐ Color	y (Montal or	Genetic Informa	.tion	Perceived)
Physical)	y (Mental or	<ul><li>☐ National Origin</li><li>☐ Race or Ethnicit</li></ul>	\ X/	Based on association with a person or group with one or more of these
•	roup Identification	Religion	y	actual or perceived characteristics
<del></del>	Condition	☐ Immigration Sta	fus	Marital Status

## **River Oak Charter School**

Mail complaint and any relevant documents to:

## **Uniform Complaint Procedure**

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					
Sig	nature:Date:					

Jeanne Yttreness Superintendent/Principal 555 Leslie Street Ukiah, CA 95482

Phone: 707-467-1855 Fax: 707-467-1857