

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: _____

Charter School/Office of Alleged Violation: _

For allegation(s) of noncompliance, please check the program or activity referred 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

Every Student Succeeds Act

Local Control Funding Formula/ Local Control and Accountability Plan

Migrant Education Programs

Regional Occupational Centers and Programs

School Plan for Student Achievement

School Safety Plan

Pupil Fees

Pregnant, Parenting or Lactating Students

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

Ancestry

Color

Disability (Mental or Physical)

Ethnic Group Identification

Immigration Status/
Citizenship

Gender / Gender Expression /
Gender Identity

Genetic Information

Marital Status

Medical Condition

National Origin/Nationality

Race or Ethnicity

Religion

Sex (Actual or Perceived)

Sexual Orientation (Actual or
Perceived)

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.

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:

Marconi Learning Academy
Gagandeep Gill, Area Superintendent
2444 Marconi Ave.
Sacramento, CA 95838
(916) 974-7307
UCPOfficer@marconilearning.org