

Uniform Complaint Procedures (UCP)

Lewis Center for Educational Research

Complainant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

You are filing this complaint on behalf of: _____

yourself your child/student another student a group

Site Information of Alleged Violation:

School Name: _____

Principal or Manager Name: _____

Basis of Complaint:

For complaints alleging unlawful discrimination, harassment, intimidation and bullying, please check the following box(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Race | <input type="checkbox"/> Sex (Title IX) |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Nationality, national origin | <input type="checkbox"/> Sexual Harassment (Title IX) |
| <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Color | <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 or gender identity | <input type="checkbox"/> genetic information | |

For allegation(s) of noncompliance of a particular program or activity, please check the following box(s), if applicable:

- | | | |
|--|---|--|
| <input type="checkbox"/> Consolidated Categorical Programs | <input type="checkbox"/> Nutrition Services | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Pupil Fees | <input type="checkbox"/> LCAP/LCFF | <input type="checkbox"/> Lactating Pupil |
| <input type="checkbox"/> Other _____ | | |

Details of Complaint:

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

1. Please describe the incident(s) that led you to this complaint, including the events or actions, in as much detail as possible. Be sure to list the individuals and their connection to the incident(s), any witnesses, description of the location where the incident(s) occurred, and dates/times when the incident(s) occurred.

2. What steps, if any, have you taken to resolve this issue before filing a complaint?

3. What resolution are you looking for?

4. Please provide copies of any written documents that may be relevant or supportive of your complaint. I have attached supporting documents. Yes No

The foregoing statements are true to the best of my knowledge. I request the Lewis Center for Educational Research to look into the matter to resolve the issue(s) identified.

Signature: _____ Date: _____

Mail complaint and any relevant documents to:
Lewis Center for Educational Research
Attention: Lisa Lamb, Chief Executive Officer
17500 Mana Road
Apple Valley, CA 92307