



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: For allegation(s) of unlawful discrimination, harassment, including but not limited to, sexual harassment, intimidation, or bullying please check the basis of the unlawful discrimination, harassment, including but not limited to sexual harassment, intimidation, or bullying described in your complaint.

- ☐ Accommodations for Pregnant and Parenting Pupils
- ☐ After School Education and Safety
- ☐ Compensatory Education
- ☐ Consolidated Categorical Aid Programs
- ☐ Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district

- ☐ Every Student Succeeds Act
- ☐ Local Control and Accountability Plans (LCAP)
- ☐ Local Control Funding Formula
- ☐ Physical Education Instructional Minutes
- ☐ Pupil Fees
- ☐ Reasonable Accommodations to a Lactating Pupil
- ☐ School Plans for Student Achievement School Safety Plans
- ☐ School Site Councils

For allegation(s) of unlawful discrimination, harassment, including but not limited to, sexual harassment, intimidation, or bullying please check the basis of the unlawful discrimination, harassment, including but not limited to sexual harassment, intimidation, or bullying described in your complaint, if applicable:

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

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 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:

Christoper Chaidez, President of Ideal Development Education Academy

Address: 5600 Crescent Ave Cypress CA 90630

Phone – 714-400-2491

Email: info@idealnps.org