

Grizzly Challenge Charter School

UNIFORM COMPLAINT PROCEDURE FORM

Last Name(s): _____ First Name(s): _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ (cell) _____ (home) _____ (work)

Email address: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

School/Office of Alleged Violation: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training Programs | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Educational and Graduation Requirements for Students in Foster Care, Students Experiencing Homelessness, Students from Military Families, Migratory Students, Students Formerly in a Juvenile Court School, and Students Participating in a Newcomer Program | <input type="checkbox"/> Pregnant and Parenting Pupils Accommodations |
| | <input type="checkbox"/> School Safety Plans |
| | <input type="checkbox"/> Other |

2) 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"/> Ancestry | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Color | <input type="checkbox"/> Nationality/National Origin |
| <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/ Citizenship | <input type="checkbox"/> Based on association with a person or group with one or more of the actual or perceived characteristics |

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NATURE OF COMPLAINT: 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 (use additional paper if necessary.)

Have you spoken to any GCCS personnel regarding this complaint? Yes No

If yes, provide the name (s) and brief summary of any results:

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:

Kyle Martin
Principal
Grizzly Challenge Charter School
721 Mendocino Ave, Bldg 945
San Luis Obispo, CA 93405
805 782-6881