

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"/> Accommodations for Pregnant, Parenting or Lactating Students | <input type="checkbox"/> Educational or Graduation of Students in Foster Care, Students who are Homelessness, former Juvenile Court Students now enrolled in a public school, Migratory Children and, Children of Military Families |
| <input type="checkbox"/> Adult Education Programs | |
| <input type="checkbox"/> Career Technical and Technical Education and Training Programs | |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Every Student Succeeds Act |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Migrant Child Education Programs |
| | <input type="checkbox"/> Regional Occupational Centers and Programs |
| | <input type="checkbox"/> State Preschool Programs |

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 |

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