

## 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:**

- |                                                                                                           |                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adult Education                                                                  | <input type="checkbox"/> 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 | <input type="checkbox"/> Migrant Education Programs<br><input type="checkbox"/> Regional Occupational Centers and Programs<br><input type="checkbox"/> School Plans for School Achievement<br><input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Career Technical and Technical Education/Career Technical and Technical Training | <input type="checkbox"/> Every Student Succeeds Act<br><input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan                                                           | <input type="checkbox"/> Pupil Fees<br><input type="checkbox"/> Pregnant, Parenting or Lactating Students                                                                                                                                 |
| <input type="checkbox"/> Child Care and Development                                                       |                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Consolidated Categorical Aid Programs                                            |                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |

**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:**

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

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.

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2. Have you discussed your complaint or brought your complaint to any TPAA personnel? If you have, to whom did you take the complaint, and what was the result?

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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:

Director of Student Services  
3300 E. Palmdale Blvd.  
Palmdale, CA 93550  
661-273-3680