

Grizzly Challenge Charter School

UNIFORM COMPLAINT FORM

To: **Chief Human Resources Officer**
San Luis Obispo County Office of Education
3350 Education Drive, San Luis Obispo, CA 93405

From: Name(s): _____
Address: _____ City: _____ Zip Code: _____
Telephone: _____ (cell) _____ (home) _____ (work)
Email address: _____
Student: _____ School: _____

Complaint Against (name of person[s]): _____

1) A violation of federal or state law or regulation governing the following program(s):

- | | |
|--|---|
| <input type="checkbox"/> Career Technical and Technical Education, Career Technical, Technical Training-state (<i>EC §§ 52300–52462</i>) | <input type="checkbox"/> Local Control and Accountability Plans (LCAP) (<i>EC § 52075, Government Code [GC] § 17581.6(f)</i>) |
| <input type="checkbox"/> Compensatory Education (<i>EC § 54400</i>) | <input type="checkbox"/> Migrant Education (<i>EC §§ 54440–54445</i>) |
| <input type="checkbox"/> Consolidated Categorical Aid Programs (<i>EC § 33315; 34 CFR 299.10-299.12</i>) | <input type="checkbox"/> Physical Education Instructional Minutes (<i>EC §§ 51210, 51223</i>) |
| <input type="checkbox"/> Course Periods without Educational Content (<i>EC §§ 51228.1–51228.3</i>) | <input type="checkbox"/> Pregnant and Parenting Pupils-Accommodations (<i>EC § 46015</i>) |
| <input type="checkbox"/> Education of Pupils in Foster Care, Pupils who are Homeless, former Juvenile Court Pupils now enrolled in a school district and Children of Military Families (<i>EC §§ 48645.7, 48853, 48853.5, 49069.5, 51225.1, 51225.2</i>) | <input type="checkbox"/> Pupil Fees (<i>EC §§ 49010–49011</i>) |
| <input type="checkbox"/> Every Student Succeeds Act (<i>20 United States Code [20 U.S.C.] § 6301 et seq.; EC § 52059</i>) | <input type="checkbox"/> School Plans For Student Achievement (<i>EC § 64001</i>) |
| <input type="checkbox"/> Lactating Pupil-Reasonable Accommodations (<i>EC § 222</i>) | <input type="checkbox"/> School Safety Plans (<i>EC §§ 32280–32289</i>) |
| | <input type="checkbox"/> Schoolsite Councils (<i>EC § 65000</i>) |
| | <input type="checkbox"/> Other |

2) Discrimination, harassment, intimidation and/or bullying in GCCS programs and activities, including those programs or activities funded directly by or that receive or benefit from any state financial assistance, based on a person's actual or perceived characteristics or any other characteristic identified in Education Code 200 or 220, Government Code 11135 or Penal Code 422.55, or based on a person's association with a person or group with one or more of these actual or perceived characteristics:

- | | |
|--|--|
| <input type="checkbox"/> age | <input type="checkbox"/> marital or parental status |
| <input type="checkbox"/> ancestry | <input type="checkbox"/> medical condition |
| <input type="checkbox"/> color | <input type="checkbox"/> nationality |
| <input type="checkbox"/> disability – mental | <input type="checkbox"/> national origin |
| <input type="checkbox"/> disability – physical | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> ethnicity | <input type="checkbox"/> sex – actual |
| <input type="checkbox"/> ethnic group identification | <input type="checkbox"/> sex – perceived |
| <input type="checkbox"/> gender | <input type="checkbox"/> sexual orientation |
| <input type="checkbox"/> gender expression | <input type="checkbox"/> race |
| <input type="checkbox"/> gender identity | <input type="checkbox"/> religion |
| <input type="checkbox"/> genetic information | <input type="checkbox"/> association with a person or group with one or more of the actual or perceived characteristics listed |
| <input type="checkbox"/> immigration status | |

3) Retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to Uniform Complaint Procedures BP 1312.3.

NATURE OF COMPLAINT: Describe the reason for your complaint. Include the specific allegations with names, dates, places, witnesses, etc. (Use additional paper if necessary.)

What is your desired outcome from this complaint?

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

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

Signature: _____ Date: _____