

# 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):**

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|--|---|
| <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:

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|--|--|
| <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.)

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What is your desired outcome from this complaint? \_\_\_\_\_

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

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

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_