

Uniform Complaint Procedure Form

Last Name:		
First Name:	MI:	
Student Name (if applicable):		
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 in your complaint, if applicable: Adult Education Career/Technical Education Child Development Program Consolidated Categorical Pro Migrant and Indian Educatio Pupil Fees Nutrition Services Special Education	is ograms on	gram or activity referred to
Local Control Funding Formu		
For allegation(s) of unlawful discrir please check the basis of the unlaw bullying described in your complain	wful discrimination, ha	
- Age		
- Ancestry		
- Color		

- Disability (Mental or Physical)
- Ethnic Group Identification
- Gender / Gender Expression / Gender Identity
- National Origin
- Race
- Religion

- Sex (Actual or Perceived)
- Sexual Orientation (Actual or Perceived)
- Based on association with a person or group with one or more of these actual or perceived characteristics

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.

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

Please provide copies of any written documents that may be relevant or supportive of your complaint.

| No

I have attached supporting documents.	🗌 Yes
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Signature:

UNIFORM COMPLAINT PROCEDURES

Date: _____

Mail complaint and any relevant documents to: Kathleen Hermsmeyer, Ed.D., Superintendent River Springs Charter School 27740 Jefferson Avenue, Temecula, CA 92590 (951) 252-8800