



Uniform Complaint Procedures Form

Last Name _____ First Name/MI _____

Student Name (if applicable) _____ Date of Birth _____

Street Address/Apt. # _____

City _____ State ____ Zip Code _____

Home Phone _____ Message/Work Phone _____

Description of Complaint:

Unlawful Discrimination/Harassment-Please check one or more of the following

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Ethnic Group Identification |
| <input type="checkbox"/> Color | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Age | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Actual or Perceived Sex | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Mental or Physical Disability |

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.
2. Have you discussed your complaint or brought your complaint to any Academia Avance Charter School personnel? If you have, to whom did you take the complaint, and what was the result?
3. Please supply copies of any written documents that may be relevant or supportive of your complaint.
4. I have attached supporting documents. Yes No

Signature _____ Date _____