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:

☐ Adult Education
☐ After School Education and Safety
☐ Agricultural Vocational Education
☐ American Indian Education
☐ Bilingual Education
☐ California Peer Assistance and Review Programs for Teacher
☐ Consolidated Categorical Aid
☐ Career/Technical Education and Training
☐ Child Care and Development
☐ Child Nutrition

☐ Compensatory Education
☐ Economic Impact Aid
☐ Every Student Succeeds Act / No Child Left Behind Programs
☐ Foster/Homeless Youth Education
☐ Juvenile Court School Pupils
☐ Lactating Pupils
☐ Local Control Funding Formula / Local Control and Accountability Plan

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:

☐ Age
☐ Ancestry
☐ Color
☐ Disability (Mental or Physical)
☐ Ethnic Group Identification

☐ Genetic Information
☐ Immigration Status/Citizenship
☐ Marital Status
☐ Medical Condition
☐ Nationality / National Origin

☐ 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

Michelle Farrer, Principal | Maximilian Barteau, Board President | Amanda Waters, Board Secretary |
Sean Herr, Board Trustee | Mary Rich, Board Trustee | David McCready, Board PUSD Rep | Sheri Eichar, Board Teacher Rep | Jennifer Johnson Board Parent Rep
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 Charter School 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:

Michelle Farrer
Principal/Superintendent of CCCS
2346 Floral Ave
Chico, Ca. 95928
530-877-2227