



CHILDREN'S COMMUNITY CHARTER
SCHOOL
6830 Pentz Road
Paradise, CA 95969
Tel. (530) 877-2227 Fax (530) 343-0150



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:

- | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Economic Impact Aid | <input type="checkbox"/> Regional Occupational Programs |
| <input type="checkbox"/> Agricultural Vocational Education | <input type="checkbox"/> Every Student Succeeds Act / No Child Left Behind Programs | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> American Indian Education | <input type="checkbox"/> Foster/Homeless Youth Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Juvenile Court School Pupils | <input type="checkbox"/> State Preschool Health/Safety |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teacher | <input type="checkbox"/> Lactating Pupils | <input type="checkbox"/> Pupil Fees |
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan | <input type="checkbox"/> Pupils from Military Families |
| <input type="checkbox"/> Career/Technical Education and Training | | <input type="checkbox"/> Pregnant and Parenting Pupils |
| <input type="checkbox"/> Child Care and Development | | <input type="checkbox"/> Migratory Pupils |
| <input type="checkbox"/> Child Nutrition | | <input type="checkbox"/> Tobacco-Use Prevention Education |

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:

- | | | |
|----------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Age | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex (Actual or Perceived) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Immigration Status/Citizenship | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Medical Condition | |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Nationality / National Origin | |

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*



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- Gender / Gender Expression / Gender Identity Race or Ethnicity
 Religion

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.

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?

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

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*



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

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Sean Herr, *Board Trustee* | Mary Rich, *Board Trustee* | David McCready, *Board PUSD Rep* | Sheri Eichar,
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