

# Antelope Valley Learning Academy Uniform Complaint Procedures Form

Last Name \_\_\_\_\_

Check the appropriate box:

First Name \_\_\_\_\_

Student  Parent/Guardian  Employee

Public Agency  Other Organization

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation \_\_\_\_\_

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- Adult Education
- American Indian Education
- Child Development Programs
- Migrant Education
- Special Education
- Pupil Fees
- Bilingual Education
- After School Education and Safety
- Consolidated Categorical Aid
- Child Nutrition
- No Child Left Behind Programs
- Every Student Succeeds Act Prog.
- Local Control Funding Formula
- Agricultural Vocational Education
- Career/Technical Education
- Foster/Homeless Youth
- Regional Occupational & Workforce Development Programs
- Tobacco-Use Prevention Education
- Lactating Pupils

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check the protected classes (actual or perceived), upon which the alleged conduct was based, listed below:

- Age
- Ancestry
- Color
- Disability (Mental or Physical)
- Ethnic Group Identification
- Medical Condition
- Gender / Gender Expression / Gender Identity
- Genetic Information
- National Origin
- Race or Ethnicity
- Religion
- Immigration Status
- 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
- Marital Status

It is the policy of the Charter School that complainants are not retaliated against for making a complaint pursuant to these policies and that the identity of complainants alleging discrimination will remain confidential as appropriate, and Charter School will maintain the integrity of the process.

***For complaints of bullying that are not based on the above listed protected classes, and other complaints not listed on this form, please contact the Compliance Officer listed at the bottom of this form for additional information.***

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

Horizontal lines for writing the facts of the complaint.

2. Have you attempted to discuss your complaint with any School personnel? If so, with whom and what was the result?

Horizontal lines for writing the response to question 2.

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 or fax your complaint/documents to the Compliance Officer at:

Taera Childers, Regional Principal
tchilders@avlearning.org | Phone # (661) 272-1225 | Fax # (661) 242-2506
177 Holston Dr. Lancaster, CA 93535