



19722 Collier Street, Woodland Hills, CA 91364

Tel: 818-346-5100 Fax: 818-346-5120

Website: www.chimeinstitute.org

## Uniform Complaint Procedures Form

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

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> School Climate and Discipline  | <input type="checkbox"/> Consolidated Categorical Aid               | <input type="checkbox"/> Child Care & Development   |
| <input type="checkbox"/> Child Nutrition  | <input type="checkbox"/> Regional Occupational Centers and Programs |   |
| <input type="checkbox"/> Special Education  | <input type="checkbox"/> Pupil Fees for Educational Activities      | <input type="checkbox"/> Foster/Homeless            |
| <input type="checkbox"/> After School Education/Safety  | <input type="checkbox"/> Agricultural Vocational Education          | <input type="checkbox"/> NCLB                       |
| <input type="checkbox"/> Tobacco-Use Education  | <input type="checkbox"/> Local Control Accountability Plan          | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Bilingual Education  | <input type="checkbox"/> Every Student Succeeds Act                 | <input type="checkbox"/> Economic Impact Aid        |
| <input type="checkbox"/> Migrant Education  | <input type="checkbox"/> School Safety Plans                        |   |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers                                  |   |   |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education |   |   |
| <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program Assessments            |   |   |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender            |
| <input type="checkbox"/> Gender Identity  | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry          |
| <input type="checkbox"/> Ethnic Group Identification  | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Nationality  | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age               |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above |  |  |

***For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school School Principal or Administrator of CHIME.***

- [illegible]

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- I have attached supporting documents. Yes\_\_\_\_\_ No\_\_\_\_\_

Mail, fax or email your complaint/documents to:

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