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  ☐ Education of Students in Foster Care, Students who are Homeless, former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of Military Families
☐ Career Technical and Technical Education/Career Technical and Technical Training  ☐ Every Student Succeeds Act
☐ Child Care and Development  ☐ Local Control Funding Formula/Local Control and Accountability Plan
☐ Consolidated Categorical Aid Programs  ☐ Migrant Education Programs
☐ Regional Occupational Centers and Programs
☐ School Plans for School Achievement
☐ School Safety Plan
☐ Pupil Fees
☐ Pregnant, Parenting or Lactating Students
☐ State Preschool Program

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  ☐ Genetic Information
☐ Ancestry  ☐ Immigration Status/Citizenship
☐ Color  ☐ Marital Status
☐ Disability (Mental or Physical)  ☐ Medical Condition
☐ Ethnic Group Identification  ☐ Nationality / National Origin
☐ Gender / Gender Expression / Gender Identity  ☐ Race or Ethnicity
☐ Religion  ☐ 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
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 OSA 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:
   Mike Oz
   Principal
   530 18th Street
   Oakland, CA 94612
   (510) 873-8800
   Moz@oakarts.org