



## Uniform Complaint Procedures Form

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

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

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

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

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

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

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

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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Consolidated Categorical Aid          | <input type="checkbox"/> After School Education/Safety            | Content/Already Satisfied for Graduation/ Postsecondary Education  |
| <input type="checkbox"/> Migrant Education                     | <input type="checkbox"/> Agricultural Vocational Education        | <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program Assessments |
| <input type="checkbox"/> Career/Technical Education            | <input type="checkbox"/> NCLB                                     |  |
| <input type="checkbox"/> Child Care & Development              | <input type="checkbox"/> Tobacco-Use Education                    |  |
| <input type="checkbox"/> Child Nutrition                       | <input type="checkbox"/> Local Control Accountability Plan (LCAP) |  |
| <input type="checkbox"/> Special Education                     | <input type="checkbox"/> Physical Education Minutes               |  |
| <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Courses without Educational              |  |
| <input type="checkbox"/> Foster/Homeless                       |   |  |

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

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 Title IX/Bullying Complaint Manager, School Principal or Administrator.

**Title IX Bullying/Complaint Managers**

Rachel Woodward  
[rwoodward@wishcharter.org](mailto:rwoodward@wishcharter.org)  
310-642-9474

Trisha Lee  
[tlee@wishcharter.org](mailto:tlee@wishcharter.org)  
310-642-9474

**School Principals**

Elementary School

Jessica Leonard  
[jleonard@wishcharter.org](mailto:jleonard@wishcharter.org)  
310-642-9474

Middle School

Chelsie Murphy  
[cmurphy@wishcharter.org](mailto:cmurphy@wishcharter.org)  
310-410-9940

High School

Kellie Mowll  
[kmowll@wishcharter.org](mailto:kmowll@wishcharter.org)  
424-645-8289

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.

---

---

---

---

---

---

---

---

2. Have you attempted to discuss your complaint with any WISH Charter personnel? If so, with whom 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 \_\_\_\_\_

Submit your complaint/documents to your school's Title IX/Bullying Complaint Manager, School Principal or Administrator.