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:

- Consolidated Categorical Aid
- Migrant Education
- Career/Technical Education
- Child Care & Development
- Child Nutrition
- Special Education
- Pupil Fees for Educational Activities
- Foster/Homeless
- After School Education/Safety
- Agricultural Vocational Education
- NCLB
- Tobacco-Use Education
- Local Control Accountability Plan (LCAP)
- Physical Education Minutes
- Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education
- 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:

- [ ] Sex
- [ ] Sexual Orientation
- [ ] Gender
- [ ] Gender Identity
- [ ] Gender Expression
- [ ] Ancestry
- [ ] Ethnic Group Identification
- [ ] Race or Ethnicity
- [ ] Religion
- [ ] Nationality
- [ ] Age
- [ ] Color
- [ ] Mental or Physical Disability
- [ ] Lactating Student
- [ ] 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 Title IX/Bullying Complaint Manager, School Principal or Administrator.

**Title IX Bullying/Complaint Managers**

Rachel Woodward  
rawoodward@wishcharter.org  
310-642-9474

Trisha Lee  
tlee@wishcharter.org  
310-642-9474

**School Principals**

*Elementary School*  
Jessica Leonard  
jleonard@wishcharter.org  
310-642-9474

*Middle School*  
Chelsie Murphy  
cmurphy@wishcharter.org  
310-410-9940

*High School*  
Kellie Mowll  
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.

_____________________________________________________________________

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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.